

8/26/2021

**F2100004979**

Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**CareMount Medical, Corporation**

Certificate of Status	0
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*8/30/21*

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

CareMount Medical, P.C.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CareMount Medical, Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
New York

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
12/19/1989

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

90 South Bedford Road, Mount Kisco, NY 10549

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, \_\_\_\_\_, Florida 33324  
(City) (Zip code)

### 9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C.T. Corporation System

By 

By Terrie Bates, Asst. Secy.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Scott D. Hayworth, M.D.  
90 S BEDFORD RDAddress: Mount Kisco, NY 10549  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: Scott D. Hayworth, M.D.  
90 S BEDFORD RDAddress: Mount Kisco, NY 10549  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Richard Morel, M.D.Address: 90 S BEDFORD RD, Mount Kisco, NY 10549

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Scott Hayworth \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Scott D. Hayworth, M.D., President \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

**CareMount Medical, P.C.**

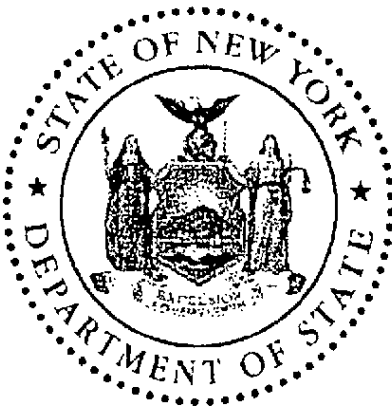
<b>Name</b>	<b>Title</b>	<b>Address</b>
Kevin Conroy	Chief Financial Officer	90 S BEDFORD RD Mount Kisco, NY 10549
Lisa Bardack, M.D.	Chief Medical Officer	90 S BEDFORD RD Mount Kisco, NY 10549

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# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAREMOUNT MEDICAL, P.C. was filed on 12/13/1989, under the name of MOUNT KISCO MEDICAL GROUP, P.C., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment MOUNT KISCO MEDICAL GROUP, P.C., changing its name to CAREMOUNT MEDICAL, P.C., was filed 02/29/2016.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of May  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

202105120496 \* SX

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