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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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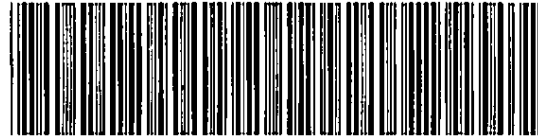
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/9/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HVR MSO, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK NEWTON

Name of Person

HVR MSO, LLC

Firm/Company

2678 SOUTH ROAD, SUITE 202

Address

POUGHKEEPSIE, NY 12601

City/State and Zip Code

MNEWTON@HVRADS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK NEWTON

at (845) 790-5602

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HVR MSO, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

NEW YORK

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2947247
(FEI number, if applicable)

4. 1/1/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2678 SOUTH ROAD
(Street Address of Principal Office)

SUITE 202

POUGHKEEPSIE, NY 12601

6. 2678 SOUTH ROAD
(Mailing Address)

SUITE 202

POUGHKEEPSIE, NY 12601

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

NAME: NORTHWEST REGISTERED AGENT, LLC

Office Address: 7901 4TH ST N. STE 300

ST. PETERSBURG, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Ton Glover

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: Philip Amatulle, MD
☒ Member Address: 4435 Caldera Circle
☐ Authorized Naples, FL 34119
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Richard Friedland, MD
☒ Member Address: 57 Kingwood Park
☐ Authorized Poughkeepsie, NY 12601
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Benjamin Hentel, MD
☒ Member Address: 740 Brender Lane
☐ Authorized Yorktown Heights, NY 10598
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Hal Reiff
☒ Member Address: 58 Crawford Rd
☐ Authorized Harrison, NY 10528
Person _____
☐ Other _____ ☐ Other _____

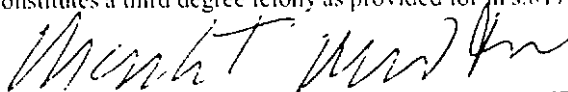
☒ Manager Name: Laurie Wadsworth
☒ Member Address: 23 Church Farm Rd.
☐ Authorized Gardiner, NY 12525
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Mark Newton

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that HVR MSO, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/02/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of December two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*