

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
April 27, 2021.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State



Division of Corporations, State Records and Uniform Commercial Code

20210421052

New York State Department of State Division of Corporations, State Records and Uniform Commercial Code One Commerce Plaza 99 Washington Avenue Albany, NY 12231 www.dos.ny.gov

Certificate of Assumed Name

(Pursuant to General Business Law §130)

1. REAL NAME OF ENTITY:

Jonathan N. Lazare, MD, P.C.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. THE ENTITY WAS FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law, Education Law, Limited Liability Company Law, Not-for-Profit Corporation Law, Religious Corporations Law, Revised Limited Partnership Act

Other (specify law):

3. ASSUMED NAME OF ENTITY:

Jonathan Lazare Brooklyn Urologist

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF- STATE ADDRESS:

1729 East 12th street, 5th floor, Brooklyn, New York 11229

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:

- ALL COUNTIES (or check applicable county(ies) below) Albany, Cayuga, Broome, Oneida, Onondaga, Ontario, Orange, Cattaraugus, Chautauqua, Chemung, Orleans, Oswego, Otsego, Putnam, Chenango, Columbia, Cortland, Queens, Rensselaer, Richmond, Rockland, Delaware, Dutchess, Erie, Essex, St. Lawrence, Saratoga, Schoharie, Franklin, Fulton, Genesee, Greene, Schuyler, Seneca, Steuben, Suffolk, Hamilton, Herkimer, Jefferson, Kings, Sullivan, Tioga, Ulster, Lewis, Livingston, Madison, Monroe, Warren, Washington, Wayne, Montgomery, Nassau, New York, Niagara, Wyoming, Yates, Westchester

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. (Use page 2 if needed. The address(es) must be a number and street, city, state and zip code. The address(es) must be within the county(ies) indicated in paragraph 5.) If none, check this box: No New York State Business Location.

1729 East 12th street, 5th floor, Brooklyn, New York 11229

Print or Type

Name of Signer: Jonathan N. Lazare MD

Signature: Jonathan N. Lazare MD

Capacity of Signer (Check one): Authorized Person, Officer of the Corporation, General Partner of the Limited Partnership, Member of the Limited Liability Company, Manager of the Limited Liability Company

Certificate of Assumed Name

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

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FILED

ICC

Filer's Name and Mailing Address:

STATE OF NEW YORK
DEPARTMENT OF STATE

Name: Jonathan N. Lazare MD

FILED

APR 21 2021

Company, if Applicable: Jonathan N. Lazare, MD, P.C.

TAX \$
BY:

491569
WM

Mailing Address: 1729 East 12th street, 5th Floor

City, State and Zip Code: Brooklyn, New York 11229

NOTE: You are not required to use this form. This certificate should be prepared under the guidance of an attorney.

FEE: Limited Liability Companies and Limited Partnerships - \$25.
Corporations - \$25 plus the fee for each county indicated in paragraph 5. The additional fee for each county within New York City (Bronx, Kings, New York, Queens and Richmond) is \$100 additional. The fee for each county outside New York City is \$25. Checks over \$500 must be certified.

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(For office use only)