

Redacted

**APPLICATION FOR TRANSFER OF OPERATING AUTHORITY  
PURSUANT TO PHL §3010**

**Phill Grey, Inc d/b/a Seaway Valley Ambulance**

**to**

**Gouverneur Rescue Squad, Inc.**

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Rebates

A

# Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- New service (Sections A,B,C,D,F)  
 Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)  
 Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- Ambulance  
 ALS First Responder

## Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service		DOH Agency Code	Federal Employer Identification Number		
Phillgrey, Inc. dba Seaway Valley Ambulance Service		0484	16-1556443		
Address		City	State	Zip	County
202 North Main Street		Massena	NY	13662	St. Lawrence
Contact Person		Title			
Ann Smith		St. Lawrence Health EMS Director			
Business Phone	Home Phone	Cell Phone		E-mail	
( 315 ) 842- 1382	( 315 ) 454 - 2606	( 315 ) 454 - 2606		ann.smith@rochesterregional.org	

Current Organizational Sponsor Type

- Proprietary       Hospital Based       Volunteer Independent       Industrial  
 Volunteer Fire Department       Municipal/Government       Other

Type of Ownership

- Individual       Partnership       Government       Corporation       LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

St. Lawrence Health is the sole shareholder

## Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

For expansion list existing primary operating territory

## Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Agent

Business Phone

(     )     -

Types and Limits of Coverage

- General Liability       Other

**Section D Description of Proposed Services**

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

- EMT
- AEMT
- Critical Care
- Paramedic

Agency Medical Director Dr. Ryan Coates	Address 50 Leroy St.	City Potsdam	State NY	Phone Number ( 315 ) 261 - 5909
--	-------------------------	-----------------	-------------	------------------------------------

Agency Providing Medical Control St. Lawrence Health 1 Hospital Dr. Massena NY	Phone Number ( 315 ) 769 - 3790
---	------------------------------------

System Medical Director Dr. Sarah Delaney - Roland	Address REMAC 120 Washington St	City Watertown	State NY	Phone Number ( 315 ) 755 - 2020
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Size of Population to be Served 108,505	Days of operation 7 days per week	Hours of operation 24 hours per day
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Projected Call Volume	Total 4630	Emergency 2370	Non-Emergency 2260
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Source of Statistics for Call volume  PCR  Dispatch Center  Agency Call Record  Other \_\_\_\_\_

Total no. of ambulances 9	Total no. of emergency ambulance service vehicles (EASV'S) 0	Total no. of ALS First Response vehicles 0
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**Section E Proposed Organizational Structure**

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service Gouverneur Rescue Squad, Inc.	Federal Employer Identification Number 16-1193616
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Address 1024 US HWY 11	City Gouverneur	State NY	Zip 13642	County St. Lawrence
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Contact Person Ann Smith	Title St. Lawrence Health EMS Director
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Business Phone ( 315 ) 842 - 1382	Home Phone ( 315 ) 454 - 2606	Cell Phone ( 315 ) 454 - 2606	E-mail ann.smith@rochesterregional.org
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Proposed Organizational Sponsor Type

- Proprietary
- Hospital Based
- Volunteer Independent
- Industrial
- Volunteer Fire Department
- Municipal/Government
- Other \_\_\_\_\_

Proposed Type of Ownership

- Individual
- Partnership
- Government
- Corporation
- LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)  
St. Lawrence Health will be the sole owner.

**Section F Certification of Accuracy and Ownership Competency**

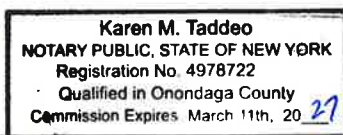
As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
  - Affirmation of Fitness and Competence (DOH-3778)
  - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
  - Financial information including funding budget and insurance
  - Primary operating territory map

Name of Owner or CEO J. Brent Bishop	Title VP/COO EMS
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Signature Date 3/24/26

Notary Public affirmation and acknowledgement



**FOR REGIONAL EMS COUNCIL USE ONLY**

Date Application Received \_\_\_\_\_

Date of Council Decision \_\_\_\_\_

Approved  Denied  Rejected – Incomplete

Council Chair Signature \_\_\_\_\_

B

Exhibit B – Fitness and Competency  
Officers of Gouverneur Rescue Squad, Inc.

President: Donna Mc Gregor

VP-EMS: J. Brent Bishop

Treasurer: Howard Glastonbury

Dir. of EMS: Ann Smith

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Phillgrey, Inc. dba Seaway Valley Ambulance Service

0484

Name of EMS Agency

NYS EMS Agency Code

Gouverneur Rescue Squad, Inc.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

J. Brent Bishop

VP/COO EMS

Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.



## Certification of Competency

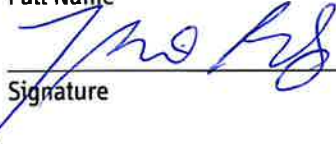
By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

J. Brent Bishop

Full Name



Signature

3/24/26

Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

J. Brent Bishop

Full Name



Signature

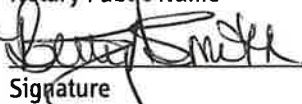
3/24/26

Date

## Notary Public Affirmation and Acknowledgement

Betty A. Smith

Notary Public Name



Signature

3/24/26

Date

Betty A. Smith

NOTARY PUBLIC IN THE STATE OF NEW YORK

St. Lawrence County 01SM6086881

My Commission Expires February 3, 2027 Please affix Notary Public Stamp or equivalent.

# Jeffrey Brent Bishop

(315) 261-2460

[jbishop20@gmail.com](mailto:jbishop20@gmail.com)

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## **Experience:**

Massena Hospital

**Associate Chief Operating Officer**

July 2023 – Current

St. Lawrence Health

**Vice President - Business Development**

January 2019 - Current

Canton-Potsdam Hospital

**Assistant Vice President – Strategic Planning and Business Development**

January 2017 – December 2019

**Director of Decision Support and Supply Chain Management**

October 2015 – December 2016

**Director of Decision Support**

January 2014 – October 2015

**Operations Analyst,**

November 2012 – December 2013

-Support VP of Strategic Planning and Business Development with long term plans for hospital. Including Master Facility Planning, growth of current hospital services, and plans for new service lines. Assist with NYSDOH Certificate of Need filings for new projects and services.

**Financial Analyst, March 2012 – November 2012**

-Assisted CFO and Controller with monthly financial reporting to the hospital and Finance Committee, department process improvement, operating budgeting, FTE budgeting, and general analysis.

## **Additional Experience**

**Lockheed Martin, Financial Analyst, February 2011 – March 2012**

Program Financial Analyst for Airborne Radar Systems, Earned Value Management Certified, Top Secret Clearance, program financial forecasting including monthly outlook and long range plan, contract reconciliation, managed program business rhythm, coordinated collections with A/P and Contracts, monthly assisted control account managers in budget allocation and re-planning, program summary reviews to upper management.

**Usherwood Office Technology, Assistant Controller, May 2008- January 2011**

### *Finance*

Monthly account reconciliation, monthly, quarterly and annual financial reporting to owner and controller, branch revenue analysis, sales executive compensation analysis sales executive commissions, management of nine commissions programs, fixed asset management, general ledger account reconciliation, bank account reconciliation, accounts payable, accounts receivable

Aided in conversion of accounting and management software in July 2008

### *Sales*

Management assistant to eighteen sales executives throughout NY State

Lease portfolio management

Promotion management – external and internal

Coordination of trade shows and demonstrations  
Proposal review  
Coordination of inter-territorial deals with vendors [REDACTED]  
Operations  
Administrative staff management  
Oversee deliveries, service contract billing, equipment billing, network services billing, warehouse operations, and purchasing

**Education:**

**Clarkson University, Potsdam, NY**  
Master of Business Administration, May 2016

*Le Moyne College, Syracuse, NY*  
*Bachelors of Science- Business Administration, May 2008*  
Concentration: Finance  
Major GPA: 3.62, Overall GPA: 3.306

*University of Otago, Dunedin, New Zealand*  
Study Abroad Spring Semester 2007

*St. Bonaventure University, Olean, NY*  
Fall Semester 2004  
Overall GPA: 3.57

**Internships:**

**Usherwood Office Technology**  
December 2005 - May 2008, Financial Assistant to Controller  
Part time during school, full time summers and vacation  
Bank reconciliations, month end close work, lease equipment and maintenance contract reviews, cash applications, invoicing, corporate profit analysis, purchasing, sales executive commissions reporting, purchasing

**Activities:**

**Brian Romano Memorial Scholarship, Co-Founder and Managing Director**  
- Established May 2008 at Marcellus High School  
- Manage and head fundraising, volunteer efforts  
- 130 to 140 person golf tournament at The Links at Sunset Ridge  
- Raised over \$9,000.00 in first annual golf tournament  
- Total Funds – over \$15,000.00

**International Travel**

- Dominican Republic, December 2009  
- Ireland, Scotland, England, Italy June 2008  
- New Zealand, February 2007-June 2007  
- Australia, June 2007  
- Fiji, June 2007

**Le Moyne College**

- Business Club, 2004-2006  
- Investment Club VP, 2007-2008

## Affirmation of Fitness and Competency

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Phillgrey, Inc. dba Seaway Valley Ambulance Service	0484
Name of EMS Agency	NYS EMS Agency Code
Gouverneur Rescue Squad, Inc.	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Ann Smith	Dir.SLH Emergency Medical Se
Full Name of Individual	Title
[REDACTED]	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	[REDACTED]
[REDACTED]	[REDACTED]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

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- Home or residence licensed by NYS or equivalent in any other state.
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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

1

2

3

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Ann Smith

Full Name

  
Signature

3/19/26  
Date

## Certification of Fitness

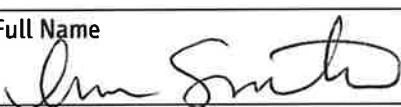
By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Ann Smith

Full Name

  
Signature

3/19/26  
Date

## Notary Public Affirmation and Acknowledgement

  
Notary Public Name

Signature


Betty A Smith  
Signature

Betty A. Smith  
NOTARY PUBLIC IN THE STATE OF NEW YORK  
St. Lawrence County 01SM6086881  
My Commission Expires February 3, 2027

3/19/2026  
Date

Please affix Notary Public Stamp or equivalent.

**Ann Smith**

315-454-2606 | 

## **Summary**

I have over fifteen years of experience in responsible leadership and management, including emergency management, preparedness, and emergency medical services, as well as project and staff management. I have experience managing grants and departmental budgets at the regional and state levels. As an active paramedic and NYS-certified instructor coordinator for emergency medical services, I am well-versed in the Incident Command System and emergency medical services regulations. I previously co-led the Health Emergency Preparedness Coalition and worked with diverse teams to strengthen local community preparedness, response, and recovery plans through a whole community approach. I interact daily with local health departments, emergency managers, emergency medical services, hospitals, and other nonprofit organizations to plan for, respond to, and recover from adverse events. In my role as Director of EMS for St. Lawrence Health I lead a diverse team of emergency medical services providers to enhance prehospital care and operations.

## **Education**

University of Phoenix/Broome Community College | Bachelor of Science in Business

General Management Certificate | GPA 3.85

## **Key Skills**

- Strategic Planning
- Project Management
- Budget Planning
- Team Leadership
- Policy Development and Implementation
- Communications
- Problem-Solving
- Educational development and delivery

## **Experience**

- Fifteen years of grant management, resulting in being awarded annual funding for the Emergency Medical Services Program Agency and optimizing emergency

preparedness funding for twenty-six hospitals.

- Responsible for annual budget planning and successfully maintained annual expenses within the budget for the EMS Program. Maintained cost-effective operating lines for a yearly emergency medical services conference, resulting in surplus funding.
- Fifteen years of staff supervision and mentorship, enabling the growth of employees and succession planning.
- Clinical protocol development to enhance prehospital care
- Policy development and implementation for emergency services
- Strategic planning resulting in the merger of program agencies
- Regulatory oversight of EMS to ensure compliance with the public health law and enable all EMS agencies to maintain operations.
- Emergency preparedness working with hospitals, emergency management, local health departments, and emergency medical services to identify gaps in preparedness through tabletop and functional exercises
- Human resource experience
- Educational development and delivery for emergency services
- Project management
- Communications
- Quality assurance and quality improvement in emergency services
- Pre-hospital treatment of patients

## **Work History**

**Director, St. Lawrence Health Emergency Medical Services** | Rochester Regional Health | July 2025 - Present

**NYSDOH Public Health Emergency Preparedness Representative** | Health Research Inc. | Central New York Regional Office | March 2023 – July 2025

**Director of North Country EMS** | Fort Drum Regional Health Planning Organization | July 2015 -March 2023

**Business Development Manager** | Air Methods | April 2012 – July 2015

**Director, North Country EMS | Adjunct Instructor** | SUNY Canton | August 2006 – April 2012

**Per-diem medic advancing to full-time Assistant Director of Operations** | Superior Ambulance | June 2001 – August 2006

## **Communication**

- Effectively communicate with patients, families, colleagues, and healthcare professionals to resolve complex issues and ensure quality care.
- Successfully facilitated multiple tabletop exercises with outreach to over one hundred and eighty emergency preparedness representatives within the Central New York Healthcare Coalition to improve disaster preparedness.
- Developed weekly newsletters to communicate with regional emergency medical service providers and maintained a dynamic website with information on training and regulatory changes.
- Robust communications with hospitals, local health departments, emergency managers, and emergency medical services are increasing participation in the Central New York Health Emergency Preparedness Coalition.

## **Leadership**

- Strategically planned and led an annual emergency medical services conference for thirteen years, providing continuing medical education to over two hundred medical service providers annually.
- Identified a gap in emergency medical services education and strategically spearheaded the development of an emergency medical technician training program, mentoring five new instructors and preparing over one hundred individuals to become certified emergency medical technicians.
- Developed and led an opioid overdose program supplying Narcan to over fifty public service agencies.
- Collaborated with cross-functional teams to build a comprehensive long-term budget plan, aligning spending with strategic goals and securing executive buy-in.
- Spearheaded a successful merger with a neighboring region, bringing much-needed oversight and support to ninety-one emergency medical services agencies. The merger increased the operating budget and the number of counties within our catchment area from three to eight.
- Developed and deployed plans to transition all transporting ambulance services to electronic medical records, improving the continuity of care for patients as they move through the healthcare system.
- Cultivated leadership education to assist ambulance services with sustainability and regulatory compliance. Partnered with area health education centers in upstate NY to increase the reach of education.
- Facilitated the transition of a volunteer fire department emergency medical

services organization to a not-for-profit service that continues to serve the county.

- Selected by the Governor as Chair of the Rural Ambulance Task Force.

### **Additional Education**

- NYS Paramedic
- NYS Certified Instructor Coordinator
- American Safety & Health Institute Basic and Advanced Life Support Instructor
- Pediatric Advanced Life Support
- Advanced Cardiac Life Support
- National Association of EMS Educators Level 2 Instructor
- FEMA
  - G-2200 Basic Emergency Operations Center Functions
  - G-139 Exercise Design
  - MGT-319 Medical Countermeasures: POD Planning and Response
  - MGT-310 Threat and Hazard Identification and Risk Assessment
  - L-146 Homeland Security Exercise and Evaluation Program
  - MGT -384 Preparing for Cyber Attacks and Incidents
  - AWR 118-1 Biological Incidents Awareness- Train the Trainer
  - Accident Victim Extrication
- FEMA Independent Study
  - IS 100 Introduction to Incident Command System
  - IS 130 An Introduction to Exercise
  - IS 200 ICS for Single Resources and Initial Action Incident
  - IS 230 Fundamentals of Emergency Management
  - IS 700 An Introduction to the National Incident Management System
  - IS 800 National Response Framework: An Introduction
  - IS 00005a An Introduction to Hazardous Materials
  - IS 00235 Emergency Planning
  - IS 00120c An Introduction to Exercises
- Prehospital Trauma Life Support
- CHEMPACK Overview
- New York Responds for County Emergency Managers
- State Emergency Operations Center
- Annual OSHA Refresher for Fire Departments

### **Volunteer**

- Lisbon Volunteer Fire Corporation 2008-present
  - President, Paramedic, Continuing Education Manager

- **Greene Fire Department 1998-2006**
  - **Captain, First Lieutenant, Emergency Medical Technician**
- **St. Lawrence County EMS Advisory Board Member**
- **Regional Faculty for the New York State Bureau of Emergency Services and Trauma Systems**

### **References**

- **Available upon request.**



Department of Health

Bureau of Emergency Medical Services and Trauma Systems

# Instructor Certification

## Ann M Smith

has successfully completed the requirements of the New York State Department of Health Bureau of Emergency Medical Services and Trauma Systems EMS instructor program and is hereby issued instructor number 4733 and is certified as

### Certified Instructor Coordinator

This instructor certification is issued on 12/04/2024 and will expire on 12/31/2027 .

This instructor is approved to teach at the following levels:

BLS  Yes  No A-EMT  Yes  No Paramedic  Yes  No

Ryan P. Greenberg, Director

Steven P. Dziura, Deputy Director



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Executive Deputy Commissioner

02/20/2025

Ann Smith  
6084 County Route 10  
Ogdensburg, NY 13669

Dear Ann Smith:

**Congratulations! You have achieved certification as a New York State Paramedic.**

Below is your new EMS Provider Certification Card. Please carefully remove the wallet card below and keep it with you while you are working as an EMS Provider.

The back of your certification card has several resources to help you related to online certification validation, re-certification process, state EMS protocols, state policy statements and regulations, access to protocol updates, online CME opportunities and resources to help ensure EMS providers mental health and safety.

We encourage you to continue to keep learning and track your education to best prepare you for re-certification.

Congratulations and thank you for being a part of the New York State Emergency Medical Services Profession!

Sincerely,

Ryan P. Greenberg  
Director, Bureau of EMS



**Bureau of EMS and Trauma Systems**  
EMS Provider Certification



**Provider:** Smith, Ann M  
**Level:** Paramedic  
**State #:** 249339  
**EXP:** 05/31/2027

  
James V. McDonald, MD, MPH  
Commissioner of Health

  
Ryan P. Greenberg, NRP  
Director, Bureau of EMS

PARAMEDIC SMITH

This card is only valid with a government issued ID and should be validated at [health.ny.gov/ems/validation](http://health.ny.gov/ems/validation)

# Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Phillgrey, Inc. dba Seaway Valley Ambulance Service	0484
Name of EMS Agency	NYS EMS Agency Code
Gouverneur Rescue Squad, Inc.	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Donna McGregor	President
Full Name of Individual	Title
[Redacted]	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
[Redacted]	
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

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- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

## REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Donna McGregor

Full Name

*Donna McGregor*

Signature

*3/23/26*

Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Donna McGregor

Full Name

*Donna McGregor*

Signature

*3/23/26*

Date

## Notary Public Affirmation and Acknowledgement

*Amy L. Irish-Bicknell*

Notary Public Name

*Amy L. Irish-Bicknell*

Signature

**Amy L. Irish-Bicknell**  
**Notary Public in the State of New York**  
**St. Lawrence Co. No. 01HR6159456**  
**My Commission Expires Jan. 22, 2027**

*03/23/2026*

Date

Please affix Notary Public Stamp or equivalent.



## **DONNA M. MCGREGOR, FACHE, FHFMA**



### **SUMMARY BIOGRAPHY**

Donna McGregor, President of Rochester Regional Health's St. Lawrence Region, is an accomplished executive with 35 years of extensive healthcare experience in executive leadership and strategic growth execution. Ms. McGregor oversees three hospitals, over 40-outpatient specialty and primary care facilities, 2,165 employees, including a 234 medical staff enterprise located in the remote rural St. Lawrence County in Northern New York.

Ms. McGregor joined Rochester Regional Health in 2020. Ms. McGregor is a highly motivated leader with a strong record of innovative accomplishments. Under her leadership, the system achieved significant milestones, including the successful integration of St. Lawrence Health into Rochester Regional Health, including implementing EPIC, a unified electronic medical record system, to ensure swift and accurate access to medical records for patients and providers. Additionally, the acquisition of Seaway Valley Ambulance Services was completed, and investments were made in the future success of Massena Hospital through the opening of a new Wound Care Center. The completion of the Regional Care Pavilion, doubling the size of the campus footprint and expanding access to patient care at Canton-Potsdam Hospital completed in fall, 2024.

Ms. McGregor continues to execute the St. Lawrence Region Rural Health Strategy, focused on expanding patient transportation, maternal/child health, behavioral health, primary care, rural clinical research and workforce development, with recent funding raised through grants and philanthropy in excess of \$45 million toward this strategy.

Before joining, Rochester Regional Health Ms. McGregor held the position as Executive Vice President-Chief Operating Officer at St. John's Riverside Health System (SJRHS). Located in Yonkers, NY SJRHS is the only stand-alone community based integrated healthcare system in the region and is clinically integrated with the Montefiore Medical Center located in Bronx, NY. SJRHS has 378 licensed beds on three hospital campuses with more than 2,000 staff members and 500 medical professionals, residents and students which provide healthcare to 250,000 residents in the City of Yonkers and surrounding communities. SJRHS received the five Star Maternity Award for the past ten years and its cancer program was certified by the Commission on Cancer with the highest accommodation and was recognized as a 2019 Gold Plus Stroke Center with Honor Role Elite Plus Achievement Award Hospital by the American Heart Association and the American Stroke Association.

As Executive Vice President-Chief Operating Officer, Ms. McGregor had responsibility for the operational oversight of the four hospital campuses and operational responsibility corporate services

Prior to joining SJRHS, Ms. McGregor was the Chief Financial Officer (CFO) at Crystal Run

Healthcare (CRHC) in her role as CFO; Ms. McGregor built a strong financial team and was instrumental in the growth of CRHC, including securing financing for the development and growth of three regional campuses.

CRHC is the regional multi-specialty medical practice in Hudson Valley, NY. CRHC has over 380 providers in over 30 locations and over 2,000 employees and continues to rapidly expand. Ms. McGregor oversaw all of the financial operations including financial oversight for Crystal Run Risk Retention Group, Ambulatory Surgery Center, ACO and Realty Companies and the development of Crystal Run Healthcare Transformation Services, Inc.

Prior to joining CRHC, Ms. McGregor spent 16 years growing the Health Quest System in Hudson Valley, NY. As interim Chief Executive Officer, Ms. McGregor was responsible for providing leadership direction and control at the highest level of the organization. Health Quest was the most recognized healthcare system in the mid-Hudson River Valley, NY Region with annual revenues of \$700 million, 5,000 staff members, 1,400 medical professionals and 697 licensed beds. Ms. McGregor held many executive positions at Health Quest Systems, including Executive Vice President and Chief Operating Officer. President and CEO of Putnam Hospital Center (PHC), a Health Quest Affiliate. As Putnam Hospital Center President and CEO, Ms. McGregor led hospital wide initiatives that significantly improve patient satisfaction, quality of care, and financial viability as well as enhanced hospital physician relationships. Under her leadership, PHC was a recipient of the 2010/2011 Health Grades Outstanding Patient Experience Award recognizing PHC in the top 10 percentile nationally for significant improvements in patient satisfaction scores. Ms. McGregor was responsible for overseeing the development and completion of the Camarda Care Center. This \$37 million project included a 115,000 sq. foot campus expansion, including 70 private medical surgical beds, development of the oncology service line, private physician offices on the hospital campus.

Prior to her work with PHC, Ms. McGregor served as Health Quest Vice President for Finance and Chief Financial Officer, respectively, and was responsible for developing financial strategies and operations for Health Quest and its affiliate entities

Ms. McGregor holds a Bachelors of Business Administration in Accounting from Siena College and a Masters of Business Administration in Finance with distinction from Long Island University. She is a Certified Public Accountant (inactive status), a Fellow of the Healthcare Financial Management Association (FHFMA), and a Fellow of the American College of Healthcare Executives (FACHE).

President McGregor was recently named to the “110 Rural Hospital and Health System CEOs to Know in 2024” and the “196 Women Hospital Presidents and CEOs to Know in 2024” by Becker’s Health Review. The presidents and CEOs featured on the lists are acknowledged for growing their organizations, fostering positive workforce cultures, expanding services and facilities, increasing provider and patient satisfaction levels, and more. This national recognition shines light on the care provided by the providers and team members with St. Lawrence Health.

Ms. McGregor is the recipient of the ACHE Regent’s Award and several other industry awards including the Putnam County Distinguished Individual Service Award, Power of Women Award from Westchester County Business Journal, New York State Senate Woman of Distinction, Modern Healthcare Magazine Young Executive Up and Comer Award, the YWCA Salute to Women in Business Award, and multiple other awards for leadership, service and education.

Ms. McGregor serves on the Boards of Iroquois Health Alliance; Adirondack Health Initiative; and Fort Drum Health Planning Organization; and she served as a member of the Healthcare Association of New York (HANY) Health Care Reform Implementation and Innovation (I&I) Task Force; Leapfrog Group; Hospital Advisory Counsel; and served on the Executive Board of the Metropolitan Chapter of HFMA and HFMA National Advisory Council. She also served on the Finance and Compliance

**Committee for the United Way and has been an educational speaker and participant in the American College of Healthcare Executives and Healthcare Financial Management Association, as well as other not for profit organizations.**

**DONNA M. MCGREGOR, FACHE, FHFMA**

[donna.mcgregor@rochesterregional.org](mailto:donna.mcgregor@rochesterregional.org)

Cell: 315-323-8694

**Executive Summary**

Effective and accountable high profile executive leader with a very strong work ethic and high integrity. Results driven – leads complex operational and strategic initiatives, achieving desired outcomes on schedule. Excellent in managing relationships among high profile physicians, board members, community members and staff at all levels. Expert in financial, operational and strategic healthcare management.

**Professional Experience**

**Rochester Regional Health, St. Lawrence Region, Potsdam, NY June 2020 - Present**

Rochester Regional Health (RRH) is a nine hospital integrated health system, headquarter in Rochester, NY. St. Lawrence Region of Rochester Regional Health, located in St. Lawrence County, NY is comprised of three hospitals, Canton-Potsdam Hospital with its Level III Trauma Center, Gouverneur Hospital, and Massena Hospital. St Lawrence offers specialty care across more than 40 outpatient practices. St. Lawrence Health employs 2,165 staff, including 234 full-time medical providers.

**Rochester Regional Health (RRH)**

**President, St. Lawrence Region**

**June 2022 - Present**

Ms. McGregor serves as the President of the St. Lawrence Region of RRH, including Canton-Potsdam Hospital, Massena Hospital and Gouverneur Hospital and 40 outpatient practices located throughout St. Lawrence County. She is responsible for patient care delivery, quality and safety, strategy, financial viability and support services. Ms. McGregor has strategic and operational accountability for RRH St. Lawrence Region. She provides vision, organization, and direction for the senior leadership team of the Health Care System to achieve results. She established a culture of collaboration and integration; ensures proper management and operations to enhance patient care across the continuum. Under Ms. McGregor's leadership in the past two years, St. Lawrence Health achieved significant milestones, including the successful integration into Rochester Regional Health, which involved implementing EPIC, a unified electronic medical record system ensuring swift and accurate access to medical records for patient and providers. The completion of the Regional Care Pavilion at Canton-Potsdam Hospital, this \$80m project doubled the size of the hospital campus. The project included a new private patient room tower, expanded emergency department and new hospital lobby. Other initiatives led by Ms. McGregor included the acquisition of Seaway Valley Ambulance Services, and investments in the future success of Massena Hospital through the opening of a new Wound Care Center. Ms. McGregor is committed to advancing the St. Lawrence Region Rural Health Strategy. With \$45 million raised during her tenure to fund the rural health strategy. The focus is on expanding patient transportation, maternal child health, behavioral health outreach, primary care and workforce development.

**Chief Financial Officer**

**July 2020 – June 2022**

As the Health System Chief Financial Officer Ms. McGregor was responsible for the strategic direction for financial oversight, coordination of manage/system staff development and financial leadership across St. Lawrence Health. As a member of the senior management team, the Ms. McGregor participated in the planning and implementation of programs and services to ensure the provision of high quality safe patient care, service excellence, fiscal responsibility and employee engagement in accordance with the mission,

vision and values of the health system. Ms. McGregor worked collaboratively with clinical and administrative leaders to create a high reliability and just culture that leads to solid financial operations and service excellence. She developed and directed an adequate plan for the control of financial operations of the organization, including financial planning and projections, banking relationships, budgeting, Revenue Cycle operations, expenditure of funds conservation of assets and risk management controls.

**St. John's Riverside Health System, Yonkers, NY**

**Feb 2016 – Jul 2020**

St. John's Riverside Health System (SJRHS) located in Yonkers, NY is the only standalone community based integrated healthcare system in the region and is clinically integrated with the Montefiore Medical Center located in Bronx, NY. SJRHS includes St. John's Riverside Andrus Pavilion, Dobbs Ferry Pavilion, Park Care Pavilion, the Boyce Thompson Outpatient Health Pavilion and St. John's Riverside Medical Practice. SJRHS a teaching affiliate of the Lake Erie College of Osteopathic Medicine (LECOM). SJRHS's annual revenue approximates \$235 million with more than 2,000 staff, 500 medical professionals, residents and students. 378 licensed beds that provides healthcare to 250,000 residents in the City of Yonkers and surrounding communities. SJRHS has received the five Star Maternity Award consistently for the past ten years and our Cancer program is certified by the Commission on cancer with the highest accommodations as well as other industry awards and recognitions.

**Executive Vice President/Chief Operating Officer**

**February 2016 – July 2020**

In her role as E V P / COO, she has provided cultural leadership and direction for hospital and affiliate operations across the health system with direct reporting responsibility to the CEO/President. Accountable for the development and realization of system-wide quality care, strategy, patient experience, financial goals, future growth and community relations. She managed a budget of \$235 million and oversees a staff of over 1,000. As a key member of the system's executive team, Ms. McGregor participated in the development of the organizations strategic plan, responsible to develop and implement long and short-term operational initiatives that support the realization of the system's goals. Ms. McGregor provided direct oversight for the corporate division of Facilities and Environmental Services, Planning, Human Resources, Marketing and Development, Ancillary and Rehabilitation Services, St. John's Medical Practice, Physician Contracting and Behavioral Health Services. Accomplishments include:

- *Successfully developed the Westchester Clinically Integrated Network bringing together approximately 150 independent community based physicians into the network*
- *Executive oversight for the development and expansion of the Cancer Programs, sleep services, ancillary outreach, physician relations*
- *Chair the SJRHS Pillar Operations team, multidisciplinary team resulting in system wide enhancement to quality, patient safety, and operations, and improved financial results.*
- *Lead Accountability and Performance Improvement initiative resulting in development and execution of system wide pillar goals in the areas of Growth, Quality/Service, Funding our Future, People and Physician Partnering resulting in significant improvements in patient satisfaction scores quality initiatives.*
- *Revived the fundraising arm of the health system, with an annual fundraising goal of \$1million.*
- *Led the development and completion of the new St. John's Riverside Health outpatient pavilion.*
- *Led an organizational wide labor study resulting in right sizing staffing resources, cost savings and overtime reduction.*

**Crystal Run Healthcare, Middletown, NY****July 2014 – February, 2016**

Crystal Run Healthcare (CRHC) is the regional multi-specialty medical practice in the Hudson Valley. CRHC has over 380 providers, 32 locations and an employee base that exceeds 2,000. CRHC continues to expand rapidly. CRHC ACO was formed in 2012 as one of the first 27 organizations in Medicare Shared Savings Plan (MSSP) ACO that was the first NCQA ACO in New York State.

**Chief Financial Officer****July 2014 – February, 2016**

Ms. McGregor joined CRHC as the Chief Financial Officer. In her role as CFO,

Ms. McGregor oversaw all of the financial operations of the practice including revenue cycle, coding, managed care and shared savings payer contracting, financial reporting, practice integrations, income allocation and supply chain. Ms. McGregor also has financial oversight for the other Crystal Run entities including the Risk Retention Group, Ambulatory Surgery Center, ACO and Realty Companies. CRHC's growth has coincided with increased efficiency across the medical practice. Accomplishments include:

- *Built a strong financial team and was instrumental in the growth and financial viability of the practice.*
- *Strengthened relationships with banking and investment institutions, payers, providers and governmental agencies.*

**Health Quest Systems, LaGrangeville, NY****November 1998 – April 2014**

Health Quest (HQ) is the Mid-Hudson Valley's largest integrated healthcare system. HQ includes Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center as well as Health Quest Medical Practice, Hudson Valley Homecare and the Thompson House. HQ's annual revenue approximates \$700 million with more than 5,000 staff, 1,400 medical professionals, and total 697 licensed beds and provides healthcare to 1.5 million residents in the Hudson Valley. Health Grades recently acknowledged HQ as "the most recognized Hospital System in the Mid- Hudson River Valley Region."

**Interim Co-Chief Executive Officer****March 2013 – April 2014**

Co-Chief Executive responsible for overall HQ operational results by providing leadership direction and control at the highest organizational level. Responsible for directing, administering and managing the organizational functions to meet key objectives and the mission in providing quality healthcare in our communities. Functional areas include Human Resources, Legal, Financial Operations, Information Technology and Healthcare Industry Relations. Accomplishments include:

- *Highest Quality recognized Hospital System in the Mid-Hudson River Region.*
- *Successfully repositioning Health Quest Medical Practice to compete effectively in the marketplace.*
- *Acquired Hudson Valley Heart Center, a 25-member cardiology group, single specialty, multi-county group.*
- *Creation of the Cardiovascular Institute bringing together cardiologists across Health Quest to improve quality, access and patient satisfaction.*

- *Centralized Emergency Services across the three Health Quest hospitals.*
- *Completed employee engagement survey with the Advisory Board; employee participation exceeded 80%.*

**Executive Vice President/ Chief Operating Officer**

**January 2012 – April 2014**

Senior Executive providing cultural leadership and direction for hospital and affiliate operations across the health system with direct reporting responsibility for the HQ Hospital Presidents. Accountable for the development and realization of system-wide quality care, patient experience, financial goals, future growth and community relations. Managing a budget of \$523 million and oversees a direct staff of 3,026 and leads a cross functional team of 83 and \$127 million. As a key member of the System's executive team, participating in the development of the organizations strategic plan, responsible to develop and implement long and short term operational initiatives that support the realization of the System's goals. In addition to the hospital presidents as direct reports, the EVP/COO provides direct oversight for the corporate division of Facilities and Construction Services, Corporate Human Resources, Case Management and Hudson Valley Homecare. Accomplishments include:

- *Successfully led the organization through significant cost reduction and revenue enhancement initiatives in 2012 resulted in maintaining a positive operating margin and securing a strong bond rating with Moody's and S&P of A3 and A- respectively.*
- *Executive oversight for the development of physician led leadership councils at the corporate and hospital levels significantly improving hospital/physician relationships.*
- *Led key physician partnering arrangements including the creation of a endoscopy joint venture and co-management agreement with lead Gastroenterology group – results to be accomplished include 6000 new endoscopy cases to the VBMC campus with this joint venture with improved quality, and patient safety, and improved efficiency.*
- *Chair of the HQ Operations team, multidisciplinary team resulting in system wide enhancement to quality, patient safety, and operations, and financial results.*
- *Clinical System wide Service Line Development for the Emergency Department, Oncology, Pharmacy, Radiology and the Cardiovascular Institute.*
- *Redesign of Case Management division and Physician Advisors.*
- *Led HQ System wide System Accountability and Performance Improvement initiative partnering with the Studer Group resulting in development and execution of system wide pillar goals in the areas of Growth, Quality/Service, Funding our Future, People and Physician Partnering. Resulting in significant improvements in VBP HCHAP scores and Core Measures, receiving national recognition.*

**Putnam Hospital Center, (Health Quest affiliate)  
President and CEO**

**March 2007 - December 2011**

Top executive leading hospital wide initiatives, results include significant improvement in physician relationships, patient satisfaction, quality of care and financial viability. Responsible for hospital wide initiatives, which significantly improve patient satisfaction and patient safety, quality of care, and financial viability as well as enhance hospital physician relationships and community outreach. PHC received national recognition and the Health Grades Outstanding Patient Experience Award in 2010 and 2011 for significant improvements in patient satisfaction scores to the top 10% nationally. Responsible for overseeing the development and completion of the Camarda Care Center Master Facility Project. This

\$37 million project, completed and opened in 2008, included an 115,000 sq. foot campus expansion, including 70 private medical surgical beds, development of the radiation oncology service line, and private physician offices on the hospital campus and enhanced parking facilities. Additional accomplishments include:

- *Development of the Intensivist program at PHC meeting the Leapfrog guidelines, improving patient quality and safety and improved patient and physician satisfaction.*
- *Active participant and stakeholder in the board and management restructure for HQ and affiliates.*
- *Led key physician partner arrangements including expansion of the hospitalist program, creation of a pain management joint venture with orthopedic group.*

**Vice President for Finance/ Chief Financial Officer**

**September 1999 - March 2007**

Reporting directly to the President/CEO of Health Quest and responsible for developing financial strategies, operating plans and managing financial operations for Health Quest, which include purchasing and supply chain, patient financial services, corporate accounting, strategic financial planning, managed care contracting, decision support, physician practice management, health information management, patient access services, and budgets and reimbursement. Supervised a staff of over 400 associates over multiple campuses. Reporting operations results to Board of Directors, Audit, Finance, Strategic Planning, and Investment Committees, maximizing cash flow and minimizing days in patient accounts receivable, working with independent auditors on all audits relative to the organization, directing all financial reporting, maintaining expense control and development of a system business office and decision support system. Treasurer of affiliate organizations.

- *Developed a system-wide capital allocation process approved by local and system board of trustees.*
- *Developed a revenue enhancement/cost enhancement opportunities report implementing over \$60 million in executed enhancements.*
- *Under Ms. McGregor's financial leadership HQ received for the first time an A3 Bond rating from Moody's, and A- Bond Rating from S&P.*

**Other HQ Positions Held**

**November 1998 - April 2006**

**Vassar Brothers Medical Center (Health Quest affiliate)**

**Chief Financial Officer**

**Putnam Hospital Center (Health Quest affiliate) Chief**

**Financial Officer**

**Northern Dutchess Hospital (Health Quest affiliate) Chief**

**Financial Officer**

**Early Career**

**November 1988 - October 1998**

**Hudson Valley Hospital Center, Peekskill, NY**

**Nov 1995 - October 1998**

**Director of Finance**

**Yonkers General Hospital**

**Assistant Director/Financial Operations**

**June 1993 - Nov 1995**

**Ernst & Young - Healthcare Industry Services, NY, NY**

**October 1988 - May 1993**

**Senior in Charge Auditor**

**EDUCATION & PROFESSIONAL DEVELOPMENT**

Siena College, Loudonville, NY  
**Bachelor of Business Administration Degree in Accounting**

Long Island University, Dobbs Ferry, NY  
**Master of Business Administration Degree in Finance, with Distinction**

American College of Healthcare Executives,  
**Completion of Senior Executive Program**

**HONOR & AWARDS**

**Recipient of Senior Executive Regent Award**  
American College of Healthcare Executives

**Named 110 Rural Hospital & Health System CEOs to Know**  
Becker's Health Review

**Named 196 Women Hospital Presidents & CEOs to Know**  
Becker's Health Review

**Named Power of Women**  
Westchester County Business Journal

**Recipient Distinguished Individual Award**  
Putnam County

**Recipient Woman of Distinction**  
New York State Senate

**Recipient of the Nationally Recognized Young Executive Up and Comer Award**  
Modern Healthcare Magazine

**Recipient of the Reeves Silver Merit Award for Outstanding Service**  
Healthcare Financial Management Association

**Recipient of the William G. Follmer Award for Outstanding Service**  
Fellow of the Healthcare Financial Management Association

**Award Recipient for Outstanding Professional Service**  
YWCA Salute to Women in Business

## **PROFESSIONAL AFFILIATIONS/BOARDS/COMMUNITY ACTIVITIES**

Adirondack Health Institution (Board Member)  
AHA Trustee Insights Article on Board Advocacy (Featured Article)  
Fort Drum Regional Health Planning Organization (Board Member)  
American College of Healthcare Executives – (Educational Speaker)  
American Heart Walk Chairperson  
AMGA CFO Council and Presenter  
Becker's Health Review (Educational Speaker)  
HANYS Health Care Reform Implementation and Innovation (I&I) Task Force  
Healthcare Financial Management Association  
Iroquois Healthcare Association (Board Member)  
National Annual Institute (Educational Speaker)  
National HFMA CFO Summit (Educational Speaker)  
New Jersey Chapter (Educational Speaker)  
New York Region 6 Conference (Educational Speaker)  
Women's Leadership Initiative of the North Country Region (Speaker)  
State University of New York New Paltz School of Graduate Education (Student Mentor)

## **LICENSURE & CERTIFICATION**

FACHE, American College of Healthcare Executives  
Completion of the Senior Executive Program  
FHFMA Healthcare Financial Management Association Fellow Status  
State of New York, Certified Public Accountant, (inactive)

## **PERSONAL DATA**

Married, grown twin boys

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Phillgrey, Inc. dba Seaway Valley Ambulance Service 0484  
Name of EMS Agency NYS EMS Agency Code

Gouverneur Rescue Squad, Inc.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Howard Glastonbury Treasurer  
Full Name of Individual Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL) Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

**REQUIRED ATTACHMENTS TO THIS AFFIRMATION**

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

007.04.20

007.04.20

007.04.20

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Howard Glastonbury

Full Name

Signature Howard Glastonbury

03/24/2026

Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Howard Glastonbury

Full Name

Signature Howard Glastonbury

03/24/2026

Date

## Notary Public Affirmation and Acknowledgement

Notary Public Name Cindy A Lammes

Signature Cindy A. Lammes

Date 03/24/2026

**CINDY A LAMMES**  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01LA6429991  
QUALIFIED IN MONROE COUNTY  
MY COMMISSION EXPIRES MARCH 7, 2030

Please affix Notary Public Stamp or equivalent.

# HOWARD DAMIAN GLASTONBURY

Howardglastonbury@gmail.com

[www.linkedin.com/in/howardglastonbury/](http://www.linkedin.com/in/howardglastonbury/)

## CAREER PROFILE

Global senior executive with extensive international experience in a variety of healthcare finance, commercial and corporate roles.

Proven track record in delivering operational and financial efficiencies and driving continuous improvement of processes and controls, particularly in an environment of working capital pressure.

Self-motivated and results-oriented finance leader with technical accounting and strategic business experience in diverse markets.

Operations and Business Development leadership including expansion into new global markets and product portfolios.

- Shared Services
- Financial system design & implementation
- Supply chain leadership
- Mergers & Acquisitions – corporate simplification
- Process review, innovation, corporate transformation and continuous improvement
- Operational review of manufacturing facilities and processes in global locations
- Strong inter-personal skills and effective manager of large and diverse teams

## PROFESSIONAL EXPERIENCE

**ROCHESTER REGIONAL HEALTH, Rochester, NY**

**2019-present**

*Rochester Regional Health (RRH) is a New York not-for-profit integrated healthcare system, headquartered in Rochester, NY. The network includes 9 hospitals, ElderONE/PACE (Program for All-inclusive Care for the Elderly) and home health programs, a college of health careers, outpatient laboratories, rehabilitation programs and surgery centers, independent and assisted living centers and skilled nursing facilities. RRH serves communities from the Greater Rochester area across Western New York, the Finger Lakes region and the St. Lawrence region of Northern NY and has close to 20,000 employees, making it the second largest employer in Rochester.*

**Vice President CFO, Corporate Finance (2019-2022) & Senior Vice President – Finance & Supply Chain, Corporate Controller (2022-present)**

- Executive oversight, vision, and leadership of the accounting, finance, reimbursement, treasury operations, investment portfolio and cash management, payroll, procure-to-pay and materials management activities of Rochester Regional Health
- Technical and managerial support to RRH Executive Leadership and their respective teams in the financial planning and strategic management of the institution.
- Oversight of annual corporate budget, Long Range Financial Planning, annual credit monitoring reviews alignment with organizational strategic plan.
- Finance leadership of RRH Capital Committee, Business Planning Committee, Executive Grants Review Committee and Shared Services Position Review Committee to support strong corporate governance and financial stewardship.
- Participates in the preparation and execution of policies, procedures and plans required for effective hospital operations and regulatory compliance.
- Collaboration with clinical, operational and administrative leaders throughout Rochester Regional Health to identify, lead and support broad strategic transformational and growth activities and initiate change.
- Executive sponsor for Workday Finance & Supply Chain ERP implementation.
- Provides leadership and vision for the development of an effective and accurate Materials Management Information System to meet current and future needs within the organization.



- Oversight of the execution of Procure-to-Pay strategy ensuring timely supplier payments and enhanced vendor partnerships while aligning with business needs for quality, cost and supply availability.
- System wide oversight of procedure-based inventory management and software administration, distribution, receiving department, bulk stores, couriers, linen services and the mail room department.
- Vendor contracting, KPI tracking and compliance/performance tracking for acute and non- acute medical surgical products and case costing reporting to support Value Analysis committees and financial improvement targets.

**PICS TELECOM INTERNATIONAL CORP.**, Rochester, NY

**2015-2019**

*PICS Telecom has been a leading global distributor of telecommunications and data equipment for over 25 years and provides a Network Lifecycle Optimization model that offers sustainable and efficient solutions to excess and redundant assets in the telecommunications industry. Sandstone Technologies manufactures third-party compatible optical transceivers and related passive components used in the telecommunications and data center markets.*

**Chief Financial Officer (2015-present) & Chief Operating Officer (2017-present)**

- Oversight of company financial affairs in accordance with applicable regulations. Provide financial counsel to the President and fellow Executive Team members to ensure financial success, stability and growth.
- Responsible for all financial functions of the company and its subsidiaries including cash management, investments, business plans and ROI analysis.
- Oversee all accounting functions of the company and its foreign subsidiaries including financial reporting, tax returns, credit analysis, collections and forecasting.
- Analysis of new market opportunities and oversee design and implementation of business strategies, plans and procedures to drive profitable growth.
- Leadership of sales & business development, operations & fulfillment, service delivery & client services teams to enhance the value proposition and customer satisfaction.
- Manage IT and Human Resources functions to efficiently support and develop processes to streamline reporting, analysis and planning. Ongoing gap analysis and system implementation to support expanded product range.
- Motivate and incentivize management team to take ownership of problems and focus on efficient development of solutions to meet evolving challenges within a dynamic marketplace.
- Oversee development and growth of related manufacturing & engineering company (Sandstone Technologies) to enhance the product portfolio and change the value proposition of PICS to meet requirements in a changing industry.

**KODAK ALARIS INC.**, Rochester, NY

**2013-2015**

*Kodak Alaris was created as a new company in September 2013 to house the Personalized Imaging (PI) and Document Imaging (DI) businesses spun off from Eastman Kodak Company upon emergence of Chapter 11 bankruptcy protection.*

**Head of Global Shared Services & Latin America Regional Controller (2013-2015)**

- Global finance Shared Services leadership – lead and interface with accounting shared service centers, monitor controls and report on service level performance. Drive standardization and process improvement for accounting, accounts payable, travel expense management and fixed asset departments. Identify opportunities to expand the scope of services provided to the global controllership team. Managed migration from an outsource support model to bring all staff and functions in-house within the Kodak Alaris finance team, based in Mexico, China and USA.
- Latin America Regional Controller – oversight and leadership of teams in Mexico, Argentina & Brazil - responsibility for financial statement, tax return and other regulatory filings, financial planning & analysis and credit & collections activity. Review and manage internal controls and perform process review to demonstrate continuous improvement and operational efficiency of manufacturing facilities in Brazil.
- Technical accounting support including policy definition under US & UK GAAP and IFRS. Development of training programs for the effective implementation of such policies and financial systems design and implementation.

Finance lead on ERP migration project following the creation of the company and separation from Eastman Kodak. Ownership of multiple finance workstreams when migrating from SAP to Microsoft Dynamics AX.

### **LEVEL 3 COMMUNICATIONS, LLC**

**2001-2013**

*Level 3 Communications provides local, national and global communications services to more than 450 markets in 45 countries to enterprise, government and carrier customers. Level 3 acquired Global Crossing in October 2011.*

#### **Vice President Finance Shared Services, Rochester, NY (2009-2013)**

- Design, implementation and management of a global finance shared services structure to secure significant operational and financial efficiencies. Continuous review and improvement of policies and procedures – process alignment and resource consolidation post-acquisition of Global Crossing to generate operating synergies. Dashboard of reports and KPI's created and presented to Executive Leadership team to track performance, evolution and success of Shared Service model.
- Manage staff of 95 in multiple US and overseas locations with responsibility for Accounts Payable, Payroll, Credit & Collections, Fixed Asset Accounting, Fraud Management, Travel & Entertainment expense reimbursement and Working Capital forecasting, reporting and management.
- Working Capital Management – defined strategy to align business models and manage global / regional DSO and DPO performance to secure positive free cash-flow. Effective and proactive management of external customer and vendor relationships.
- Direct and sponsor multiple financial system and process enhancements – functional leadership and approval for global ERP migration from SAP to Oracle, upgrade and alignment of separate instances of BilltrakPro and consolidation of in-house US payroll processing activity.
- Directed SOX compliance process and provided oversight to internal audit and business continuity teams regarding established testing and audit plans.

#### **Director of Finance, Latin America & Caribbean – Global Crossing, Miami, FL (2006-2009)**

- Manage team of 22 staff and multiple outsource finance relationships physically dispersed throughout Latin America and USA. Responsibility for US GAAP financial reporting and consolidation, regional operating performance and cash-flow forecasting and analysis. Multiple local GAAP statutory reporting, audit, tax, regulatory and payroll compliance projects.
- Mergers & Acquisitions and corporate simplification – integration of recently acquired regional telecommunications provider into established Global Crossing structure and processes. Legal entity combinations in Chile, Venezuela and Brazil – identified and executed on tax efficient methods of consolidating regional legal entity structure to utilize tax losses and realize operating and real estate synergies.
- Regional Executive Leadership Team – Board level presentation and discussion of financial performance and forecasts. Development of tax efficient transfer pricing model and oversight for significant capital investment in network upgrades and expansion into new markets. (Costa Rica landing station)
- Identified opportunity for sale of tax losses in Mexico and reorganization of legal entity structure to generate significant positive cash impact.
- Oversaw material contingent liabilities in Peru while minimizing tax exposure – regular interaction with local lawyers and regulatory authorities to review nature of contingencies and ultimately agree on disposition without adverse cash impact.

#### **UK Controller – Global Crossing, London, UK (2001-2006)**

- Team of 11 in UK and Europe with responsibility for local GAAP accounting and audits, SEC reporting and monthly EMEA consolidation and variance analysis.
- Creation of European Accounts Payable shared service center – established online requisition-to-pay process in SAP and led system implementation and process alignment of entity acquisitions.
- Coordinated cash-flow forecasts, variance analysis and reporting to Creditors Committee during period of Chapter 11 bankruptcy protection. Oversaw cash reporting and EMEA working capital management post-Emergence.
- Financial lead for Sarbanes-Oxley implementation and compliance.

**THOMSON FINANCIAL**, London, UK.

1996-2001

*Global provider of online financial information, media content and software to the investment community.*

**UK Financial Systems Manager – Primark Financial Information, (2000-2001)**

- Design and configuration of SAP implementation and end-user training – team of 5 systems accountants and administrators supporting SAP, Hyperion Enterprise and Pillar. Supported subsequent migration to PeopleSoft financials.

**Group Reporting Manager – Primark Financial Information (1999-2000)**

- UK board responsibility for internal management reporting and analysis. Annual budget and quarterly business / financial forecasting. Managed team of 9 responsible for local GAAP financials and audit in UK, Europe and Asia and SEC reporting.

**UK Finance Manager – Datastream International (1998-1999)**

- Team of 7 responsible for UK statutory audits and reporting and internal management reporting, analysis, budgets and forecasts. Led integration and consolidation effort following acquisition of ICV entity and product line.

**Financial Controller – Disclosure Limited (1996-1998)**

- System design and implementation of Sun Accounts. Establishment of finance team to replace outsource consultants. Management of all day-to-day finance and tax functions with team of 3 – local GAAP accounting & audit, EMEA consolidation for SEC reporting, budgets, forecasting, cash management and transfer pricing.

**PANNELL KERR FORSTER**, London, UK.

1991-1996

*Public practice accounting firm providing accounting, audit and business advisory services.*

- Audit, Accounts preparation, corporate advisory, taxation and insolvency services for a variety of manufacturing, educational and professional service organizations.

**EDUCATION & PROFESSIONAL QUALIFICATIONS**

**THE UNIVERSITY OF READING**, Reading, UK.

Bachelor of Arts (Honors) – Economics & Accounting – Upper Second Class (1991)

**INSTITUTE OF CHARTERED ACCOUNTANTS IN ENGLAND & WALES**

Qualified Chartered Accountant (1996) with active status

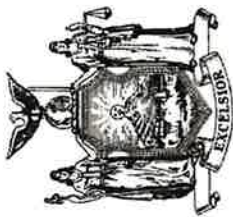
Amended

Agency Code Number: 4417

Issued: 2/17/2026

Expires: 12/31/2026

# NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate



Gouverneur Rescue Squad, Inc.

DBA: Gouverneur Rescue

DBA: Gouverneur Medical Transportation



*is hereby certified as a New York State ambulance service in accordance with the provisions of Article 30 of the Public Health Law*

**PRIMARY TERRITORY:**

Towns of Gouverneur, Rossie, Fowler, Macomb, DeKalb, Hermon, and Edwards; Town of Russell West and/or South of County Route 17; Town of Hammond East and South of NY Route 37

Emergency Medical Services Program

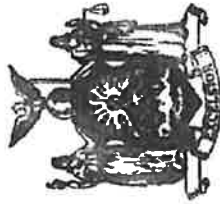
Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

**THIS CERTIFICATE IS NOT TRANSFERABLE**

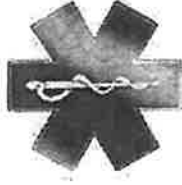
**Keep conspicuously posted**

# NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate



Phillgrey, Inc.

DBA: Seaway Valley Ambulance Service



*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the  
Public Health Law*

PRIMARY TERRITORY:  
St. Lawrence County

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

**THIS CERTIFICATE IS NOT TRANSFERABLE**  
Keep conspicuously posted

Facility Id. 815  
 Certificate No. 4429000FH



**State of New York**  
**Department of Health**  
**Office of Primary Care and Health Systems Management**  
**OPERATING CERTIFICATE**

Certified Beds - Total 109  
 Chemical Dependence - 17  
 Intensive Care 6  
 Maternity 8  
 Medical / Surgical 78

Effective Date: 09/16/2024  
 Expiration Date: NONE

**Hospital**  
 Canton-Potsdam Hospital  
 50 Leroy Street  
 Potsdam, New York 13676

Operator: Canton-Potsdam Hospital  
 Co-Operator: St. Lawrence Health System, Inc.  
 Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Service	Location	Chemical Dependence - Rehabilitation	Chemical Dependence - Rehabilitation O/P	Chemical Dependence - Withdrawal O/P	Other Services
Ambulatory Surgery - Multi Specialty	Breasher Falls Community Health Center Facility ID 8622 899 State Highway 11c Breasher Falls, New York 13613				Clinical Laboratory Service
Emergency Department	CPH Specialty Practices at Gouverneur Hospital Facility ID 9776 77 W. Bamey Street Gouverneur, New York 13642				Lithotripsy Medical/Surgical
Maternity	CPH Lawrence Avenue Medical Campus Facility ID 9188 49 Lawrence Avenue Potsdam, New York 13676				SAFE Center
Nuclear Medicine - Diagnostic	CPH Specialty Suite at Massena Hospital Facility ID 15241 181 Maple Street Massena, New York 13662				
Swing Bed Program	Norfolk Community Health Center Facility ID 7071 35 West Main Street Norfolk, New York 13667				
Other Authorized Locations	CPH Primary Care Facility ID 9459 145 Market Street Potsdam, New York 13676				
Hospital Extension Clinic	CPH Primary Care Facility ID 9177 15 Raymond Street Potsdam, New York 13676				
Breasher Falls Community Health Center	Canton-Potsdam Hospital Breasher Falls Physical Therapy Facility ID 9238 897 State Highway 11C Breasher Falls, New York 13613				
Facility ID 8622	Prime Care Facility ID 5720 12 Elm Street Potsdam, New York 13676				
899 State Highway 11c	St. Lawrence Ambulatory Care Center Facility ID 9997 6119 U.S. Highway 11 Canton, New York 13617				
Breasher Falls, New York 13613					
CPH Specialty Practices at Gouverneur Hospital					
Facility ID 9776					
77 W. Bamey Street					
Gouverneur, New York 13642					
Laboratory and X-Ray Clinic					
Facility ID 2665					
80 East Main Street					
Canton, New York 13617					

*[Signature]*  
 Commissioner

2024/12/19 Acting Deputy Commissioner, Office of Primary Care and Health Systems  
 This certificate must be conspicuously displayed on the premises.

Facility Id. 804  
Certificate No. 4402701C

Certified Beds - Total 25  
Medical / Surgical 25

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management  
OPERATING CERTIFICATE

Effective Date: 10/01/2023  
Expiration Date: NONE

Hospital  
Massena Hospital  
1 Hospital Drive  
Massena, New York 13662  
Operator: Massena Hospital, Inc.  
Co-Operator: St. Lawrence Health System, Inc.  
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Ambulatory Surgery - Multi Specialty	Clinic Part Time Services	Clinical Laboratory Service	Emergency Department	Lithotripsy
Medical Services - Other Medical Specialties	Medical Services - Primary Care	Medical Social Services	Medical/Surgical	Nuclear Medicine - Diagnostic
Radiology - Diagnostic	Renal Dialysis - Acute	SAFE Center	Swing Bed Program (2.5)	Therapy - Occupational O/P
Other Authorized Locations				
Hospital Extension Clinic				
Louisville Family Health Facility ID 9307				
10 State Highway 37B				
Massena, New York 13662				
Massena Hospital Outpatient Center Facility ID 9624				
271 Andrews Street				
Massena, New York 13662				

*Dwight D. Zirin*  
Acting Deputy Commissioner, Office of  
Primary Care and Health Systems

*Eric Robert D. MH*

20240509 Commissioner  
This certificate must be conspicuously displayed on the premises.

Facility Id. 9307  
Certificate No. 4402701C

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management  
OPERATING CERTIFICATE

Effective Date: 10/01/2023  
Expiration Date: NONE

Hospital Extension Clinic  
Louisville Family Health  
10 State Highway 37B  
Massena, New York 13662

Operator: Massena Hospital, Inc.  
Co-Operator: St. Lawrence Health System, Inc.  
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Medical Services - Primary Care

*Deigha D. Sirin*

Acting Deputy Commissioner, Office of  
Primary Care and Health Systems

*Eric P. Roberts, M.D.*

Commissioner

This certificate must be conspicuously displayed on the premises.

20240509

Facility ID: 812  
Certificate No. 4423701C

Certified Beds - Total: 25  
Medical / Surgical: 25

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management



Effective Date: 03/01/2020  
Expiration Date: NONE

OPERATING CERTIFICATE

Primary Care Hospital - Critical Access Hospital

Gouverneur Hospital  
77 West Barney Street  
Gouverneur, New York 13642

Operator: Gouverneur Hospital  
Co-Operator: St. Lawrence Health System, Inc.  
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Ambulatory Surgery - Multi Specialty	Chemical Dependence - Rehabilitation O/P	Clinical Laboratory Service	Emergency Department	Medical Services - Other Medical Specialties
Medical Services - Primary Care	Medical Social Services	Medical/Surgical	Nuclear Medicine - Diagnostic	Radiology - Diagnostic
Respiratory Care	Swing Bed Program	Therapy - Occupational	Therapy - Occupational O/P	Therapy - Physical
Therapy - Physical O/P	Therapy - Speech Language Pathology	Therapy - Speech Language Pathology O/P		
Other Authorized Locations				
Primary Care Hospital - Critical Access Hospital Extension Clinic				
E.J. Noble Health Center Dekalb Junction Facility ID 6243 2924 County Route 17, P.O. Box 293 Dekalb Junction, New York 13630	Edwards Health Center Facility ID 6688 8 Church Street Edwards, New York 13635			

Howard Zucker, M.D.  
Commissioner

20200302 Deputy Commissioner, Office of Primary Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

c

## Statement of Purpose and Intent

As the Council is aware, both Phillgrey, Inc., dba Seaway Valley Ambulance Service ("Seaway") and Gouverneur Rescue Squad, Inc. ("GRS") are wholly owned subsidiaries of St. Lawrence Health. It is the intent of the parties to consolidate the services by transferring all of the assets related to the provision of ambulance services, including the Ambulance Operating Certificate, from Seaway to GRS. GRS, a not-for-profit corporation, will then operate an ALS level emergency and non-emergency ambulance service throughout the combined Primary Operating Territory, *to wit* all of St. Lawrence County.

The purpose of this Application is to have the North Country Regional EMS Council and NYS Department of Health find GRS fit and competent to accept the transfer of assets from Seaway.

If the Council has any questions, we would be more than happy to respond to those questions.

Phillgrey, Inc.

Gouverneur Rescue Squad, Inc.



By: Donna McGregor, President



By: J. Brent Bishop, VP/COO EMS

This document may be executed in counterparts.

## Statement of Purpose and Intent

As the Council is aware, both Phillgrey, Inc., dba Seaway Valley Ambulance Service ("Seaway") and Gouverneur Rescue Squad, Inc. ("GRS") are wholly owned subsidiaries of St. Lawrence Health. It is the intent of the parties to consolidate the services by transferring all of the assets related to the provision of ambulance services, including the Ambulance Operating Certificate, from Seaway to GRS. GRS, a not-for-profit corporation, will then operate an ALS level emergency and non-emergency ambulance service throughout the combined Primary Operating Territory, *to wit* all of St. Lawrence County.

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Phillgrey, Inc.

Gouverneur Rescue Squad, Inc.

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By: Donna McGregor, President



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By: J. Brent Bishop, VP/COO EMS

This document may be executed in counterparts.

D

## Resume of New Owner

Gouverneur Rescue Squad, Inc. f/k/a Gouverneur Volunteer Rescue Squad, Inc. (“GRS”) was founded in 1961 as a Not-For-Profit corporation. It has, since that time, provided EMS and ambulance transportation throughout Towns of Gouverneur, Rossie, Fowler, Macomb, DeKalb, Hermon and Edwards; Town of Russell West and South of County Route 17; Town of Hammond East and South of NY Route 37 (“GRS Primary Territory”). In 2024 GRS entered into negotiations with St. Lawrence Health (SLH) for SLH to acquire it via a membership substitution agreement. The proposed transaction was duly approved by all necessary regulatory agencies including North Country REMSCO and the Department of Health and in January 2026 the transaction Closed. As of that date, SLH was the sole member of GRS;

SLH, as the sole member of GRS, has both Article 28 and Article 30 operating experience. SLH was formed on December 5, 2013 as a not-for-profit Internal Revenue Code 501(c)(3) organization. SLH is the sole corporate member, active parent and co- operator of Canton-Potsdam Hospital (CPH), Gouverneur Hospital (GH) , and Massena Hospital (MH) , which provide services to the residents of St. Lawrence County and surrounding areas.

SLH is also the sole shareholder of PhillGrey, Inc. d/b/a Seaway Valley Ambulance, (“Seaway Valley Ambulance”) a certificated provider of EMS and ambulance transport services that provides such services throughout St. Lawrence County. SLH acquired Seaway Valley Ambulance in 2022.

Through the proposed business reorganization, all of the assets of Seaway Valley Ambulance will be transferred to GRS. GRS will then operate through the combined primary operating territory now held by GRS and Seaway Valley Ambulance.



## Exhibit E

### Deficiency Notices and Malpractice actions

Gouverneur Rescue Squad, Inc. has no continuing uncorrected patient care violations.

Gouverneur Rescue Squad, Inc. has no malpractice actions against it.

F

Exhibit F.

Seaway Valley Ambulance Statement of Current Ownership and Officers

St. Lawrence Health owns 100% of the stock of Seaway Valley Ambulance.

The officers of Seaway Valley Ambulance are:

President: Donna Mc Gregor  
VP-EMS: J. Brent Bishop  
Treasurer: Howard Glastonbury  
Dir. of EMS: Ann Smith

6

Exhibit G.

Seaway Valley Ambulance Ownership Post Closing

St. Lawrence Health will continue to own 100% of the stock of Seaway Valley Ambulance.

H

Exhibit H

Primary Operating Territory Map of Seaway Valley Ambulance

St. Lawrence NY County Map

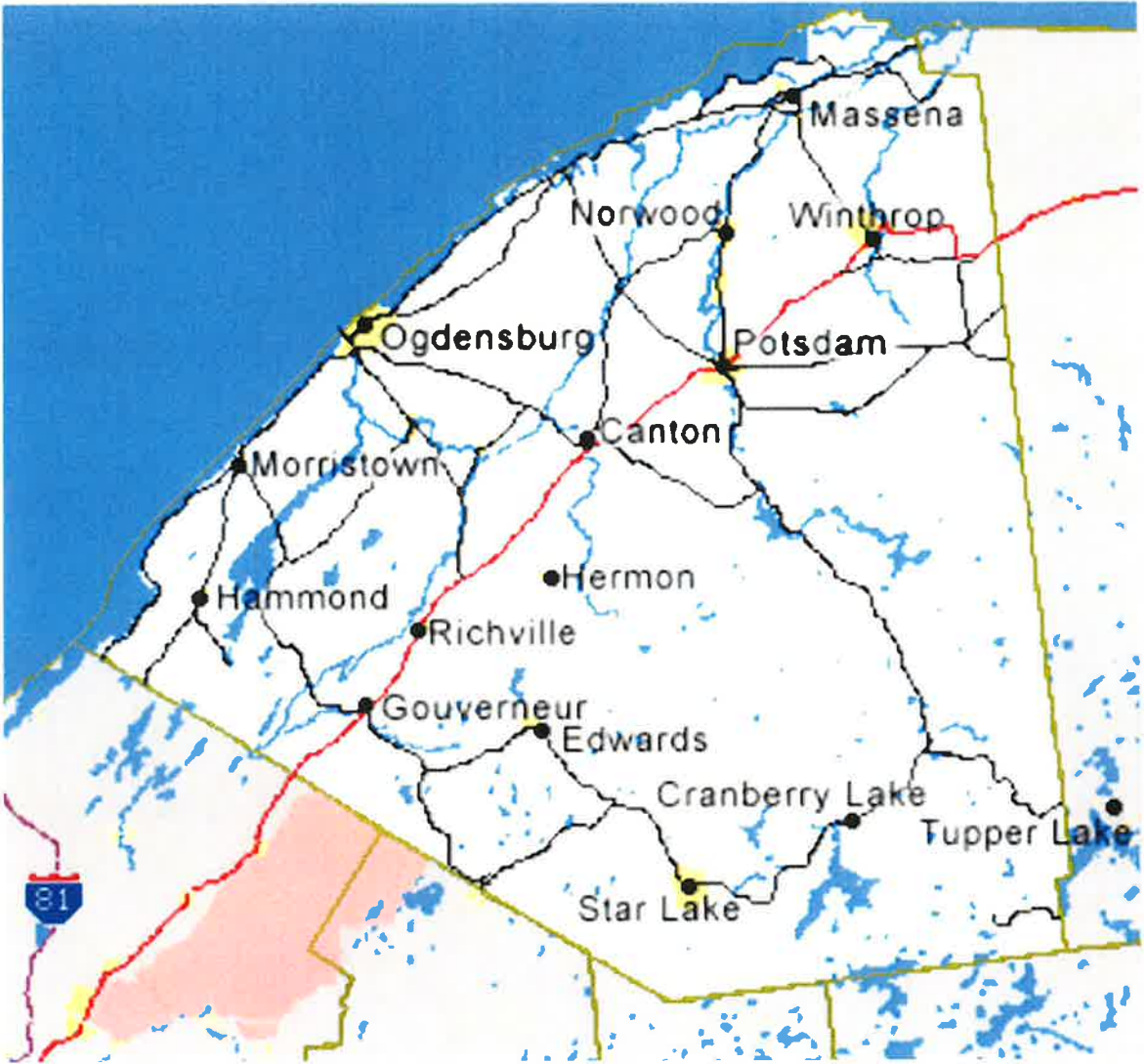




Exhibit I

DOH Ambulance Operating Certificate Being Transferred

Agency Code Number: 0484

Corrected  
Issued: 1/2/2025

Expires: 12/31/2026

NEW YORK STATE DEPARTMENT OF HEALTH  
**Ambulance Service Certificate**

Phillgrey, Inc.  
DBA: Seaway Valley Ambulance Service

*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the  
Public Health Law*



PRIMARY TERRITORY:  
St. Lawrence County

  
\_\_\_\_\_  
Emergency Medical Services Program

  
\_\_\_\_\_  
Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law  
**THIS CERTIFICATE IS NOT TRANSFERABLE**  
Keep conspicuously posted



Exhibit J

Gouverneur Rescue Squad Inc. Officers Post Closing

President: Donna Mc Gregor

VP-EMS: J. Brent Bishop

Treasurer: Howard Glastonbury

Dir. of EMS: Ann Smith

K

Exhibit K

Gouverneur Rescue Squad Inc. Certificate of Incorporation and amendments

DUPLICATE  
ORIGINAL  
FILED

593188

CERTIFICATE OF INCORPORATION

OF

GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.,

Pursuant to the Membership Corporations Law

WE, THE UNDERSIGNED, for the purpose of forming a membership corporation, pursuant to the Membership Corporation Law of the State of New York, hereby certify:-

1. The name of the proposed corporation shall be GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC. ;
2. The purposes for which the corporation shall be formed are to establish, maintain, equip and operate a volunteer resque service in and about the vicinity of Gouverneur, New York, to encourage the practice of personal and public safety in every manner and way, and in general, to provide for a means of rendering of volunteer emergency and rescue aid and assistance whenever and wherever it shall be reasonably possible to do so;
3. The territory in which the corporation shall operate shall be the Village and Town of Gouverneur, and surrounding areas, County of St. Lawrence in the State of New York;
4. The place in which its principal headquarters or office shall be established is  
in the Village of Gouverneur, County of St. Lawrence and State of New York;
5. The number of Directors shall be not less than three nor more than seven. The following designated Directors shall take and hold office as directors until the first annual meeting:

NAMES	ADDRESSES
Leo R. Knight	Island Branch Rd. , Gouverneur, N. Y.
John Leeson	98 W. Barney St. , Gouverneur, N. Y.
Clifford McCumber, jr.	34 Johnstown Street, Gouverneur, N. Y.
Roderick C. Benware	88 Wilson St. , Gouverneur, N. Y.

HATCH & HELLER  
ATTORNEYS AT LAW  
17 MAIN STREET  
GOUVERNEUR, NEW YORK

u

Any vacancy which shall occur in the Board of Directors shall be filled by majority vote of a meeting of the Directors called for that purpose. A majority of the Board of Directors shall be required to have a quorum. Directors must be members of the corporation, and may be removed for cause by majority vote of a meeting of the Directors called for that purpose.

6. This corporation shall have a power to purchase, lease or otherwise acquire, and sell, mortgage or lease, real property, whether improved or unimproved, or any interest therein, and to any amount in the State of New York, or in any state or territory of the United States or a foreign country.

7. The real and personal property acquired by the corporation by purchase, gift or otherwise shall be held by the Board of Directors of the Corporation and controlled or managed by said Board for the purpose hereinabove described, such Board to receive any and all income of such property or of the corporation and pay it over to the Treasurer thereof for such purposes and shall be so held and received only so long as such income shall be so expended, and shall hold all other property of the corporation' subject to the same restrictions. Said Board shall consist of the same members as the Board of Directors hereof.

8. In the event that the ~~Gouverneur~~ Volunteer Resque Squad, Inc. is ever dissolved, or a Certificate of Dissolution is filed thereby terminating the activities of the Organization, any and all assets of the Gouverneur Volunteer Resque Squad, Inc. will become the sole and exclusive property of the Village of Gouverneur, N. Y., or the sole and exclusive property of any successor organization which itself is qualified under Section 50103 of the Internal Revenue Code of 1954, which may be formed for the purposes of performing the same or similar services as heretofore performed by

this organization; and

That all services performed by the Gouverneur Volunteer Rescue Squad, Inc. or any member thereof in his capacity as a member of said corporation, shall be strictly on a voluntary basis, and there will be no charge whatsoever made to anyone for any of such services performed.

dated:

<u>Leo R. Knight</u>	<u>Ellis Denton</u>
<u>John Leeson</u>	<u>LeRoy D. Streeter</u>
<u>Clifford McCumber, Jr.</u>	<u>Roger Rice</u>
<u>Roderick C. Benware</u>	<u>William D. Bowman</u>
<u>Roy Harrington</u>	<u>Alton D. Gibson</u>
<u>Robert Seaman</u>	<u>Martin Sadler</u>
<u>Richard L. Jones</u>	<u>Ernest Patton</u>
<u>Danal J. Turner</u>	<u>Kermit Farr</u>
<u>Clayton M. Kerr</u>	

STATE OF NEW YORK :  
: ss.  
COUNTY OF ST. LAWRENCE:

On this 7th day of December, 1966, before me personally came Leo R. Knight, John Leeson, Clifford McCumber, Jr. Roderick C. Benware, Roy Harrington, Robert Seaman, Richard L. Jones, Danal J. Turner, Clayton M. Kerr, Ellis Denton, LeRoy D. Streeter, Roger Rice, William D. Bowman, Alton D. Gibson, Martin Sadler, Ernest Patton, and Kermit Farr, to me personally known, and known to me to be the same persons described in and who executed the foregoing Certificate of Incorporation, and they thereupon severally duly acknowledged to me that they executed the same.

Patricia Brundage  
Notary Public

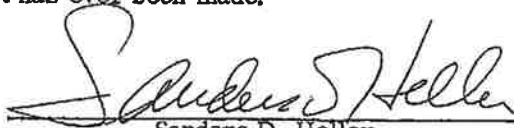
**PATRICIA L. BRUNDAGE**  
Notary Public in the State of New York  
Originally qualified in St. Lawrence County  
Commission Expires March 30, 1968

HATCH & HELLER  
ATTORNEYS AT LAW  
17 MAIN STREET  
GOVERNEUR, NEW YORK

AFFIDAVIT AS TO NO PREVIOUS APPLICATION FOR  
APPROVAL OF CERTIFICATE OF INCORPORATION

COUNTY OF ST. LAWRENCE :  
: ss.  
STATE OF NEW YORK :

Sanders D. Heller, being duly sworn, deposes and says that he is attorney for the subscribers to the annexed certificate of incorporation, and that no previous application for the approval of said certificate by any Justice of the Supreme Court has ever been made.

  
Sanders D. Heller

Sworn to before me this *8th*  
day of December, 1966.

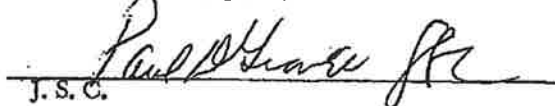
  
Notary Public

**PATRICIA L. BRUNDAGE**  
Notary Public in the State of New York  
Originally qualified in St. Lawrence County  
Commission Expires March 30, 1968

APPROVAL OF CERTIFICATE

I, Paul D. Graves, Justice of the Supreme Court of the 4th  
Judicial District, hereby approve the foregoing certificate of incorporation  
of the GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC.

*8th*  
December 1966

  
J. S. C.

AFFIDAVIT AS TO QUALIFICATION OF INCORPORATION

COUNTY OF ST. LAWRENCE :  
STATE OF NEW YORK : ss.

On this 7th day of December, 1961, before me personally came Leo R. Knight, John Leeson, Clifford McCumber, Jr., Roderick C. Benware, Roy Harrington, Robert Seaman, Richard L. Jones, Danal J. Turner, Clayton M. Kerr, Ellis Denton, LeRoy D. Streeter, Roger Rice, William D. Bowman, Alton D. Gibson, Martin Sadler, Ernest Patton, and Kermit Farr, . . . BEING ALL of the subscribers to the certificate of incorporation each being duly sworn, deposes and says that he is one of the persons described in and who executed the foregoing certificate of incorporation, and that he is of full age, a citizen of the United States, and a resident of the State of New York.

*Leo R. Knight*  
*John Leeson*  
*Clifford McCumber Jr.*  
*Robert Seaman*  
*Roy Harrington*  
*Richard L. Jones*  
*Danal J. Turner*  
*Clayton M. Kerr*  
*E. Ellis Denton*  
*LeRoy D. Streeter*  
*Roger Rice*  
*William D. Bowman*  
*Alton D. Gibson*  
*Martin Sadler*  
*Ernest Patton*  
*Kermit Farr*

Sworn to before me this 7<sup>th</sup> day of December, 1966

*Patricia Brundage*  
Notary Public

PATRICIA L. BRUNDAGE  
Notary Public in the State of New York  
Originally qualified in St. Lawrence County  
Commission Expires March 30, 1968

HATCH & HELLER  
ATTORNEYS AT LAW  
17 MAIN STREET  
DUVERNEUR, NEW YORK

5

FILING RECEIPT

=====5  
ENTITY NAME: GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME

COUNTY: STLA

=====9  
FILED: 04/15/2008 DURATION: \*\*\*\*\* CASH#: 080415000445 FILM #: 080415000398

FILER:

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HENRY J. LEADER, ESQ.  
CASE & LEADER LLP  
107 EAST MAIN STREET, PO BOX 13  
GOUVERNEUR, NY 13642

ADDRESS FOR PROCESS:

-----  
THE CORPORATION  
1024 US HWY 11, PO BOX 164  
GOUVERNEUR, NY 13642

REGISTERED AGENT:

=====2  
SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00

FEEs	30.00	PAYMENTS	30.00
FILING	30.00	CASH	0.00
TAX	0.00	CHECK	30.00
CERT	0.00	CHARGE	0.00
COPIES	0.00	DRAWDOWN	0.00
HANDLING	0.00	OPAL	0.00
		REFUND	0.00

=====7  
DOS-1025 (04/2007)

New York State  
Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
41 State Street  
Albany, NY 12231  
www.dos.state.ny.us

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.  
(Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is:

GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.

If the name of the corporation has been changed, the name under which it was formed is:

SECOND: The date of filing of the certificate of incorporation with the Department of State is:

December 21, 1966

THIRD: The law the corporation was formed under is: Membership Corporation Law of the State of New York.

FOURTH: The corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law. The corporation is a Type c corporation. If the corporate purposes are being enlarged, limited or otherwise changed, the corporation shall be a Type \_\_\_\_\_ corporation.

FIFTH: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: "Paragraph First of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows: First: The name of the corporation is ... (new name) ...")

Paragraph 1 of the Certificate of Incorporation relating to the corporation name.

is hereby [check the appropriate box(es)]  added to read in its entirety as follows or  amended to read in its entirety as follows:

Paragraph 1. The name of the proposed corporation shall be  
GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC.

Paragraph \_\_\_\_\_ of the Certificate of Incorporation relating to

is hereby [*check the appropriate box(es)*]  added to read in its entirety as follows or  amended to read in its entirety as follows:

Paragraph \_\_\_\_\_ of the Certificate of Incorporation relating to

is hereby [check the appropriate box(es)]  added to read in its entirety as follows or  amended to read in its entirety as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

[DETACH THIS PAGE IF NOT NEEDED]

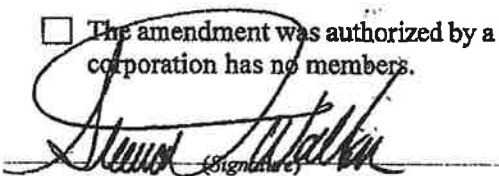
**SIXTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

GOVERNEUR VOLUNTEER RESQUE SQUAD, INC.

1024 US HWY 11, PO Box 164, Gouverneur, New York 13642

**SEVENTH:** The certificate of amendment was authorized by: [Check the appropriate box]

- The amendment was authorized by a vote of a majority of the members at a meeting.
- The amendment was authorized by the unanimous written consent of the members entitled to vote thereon.
- The amendment was authorized by a vote of a majority of the entire board of directors. The corporation has no members.

  
(Signature)

Stewart Walker  
(Name of Signer)

President

(Title of Signer)

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.  
*(Insert Name of Domestic Corporation)*

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name Henry J. Leader, Esq., Case & Leader LLP

Address 107 East Main Street, PO Box 13

City, State and Zip Code Gouverneur, New York 13642

**NOTE:** This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment. The certificate must be submitted with a \$30 filing fee.

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*For Office Use Only*

f040213000399

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

GOVERNEUR VOLUNTEER RESQUE SQUAD, INC.  
*(Insert Name of Domestic Corporation)*

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name GOVERNEUR VOLUNTEER RESQUE SQUAD, INC.

Address 1024 US HWY 11, P.O. Box 164

City, State and Zip Code Gouverneur, NY 13642

NOTE: This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment. The certificate must be submitted with a \$30 filing fee.

*For Office Use Only*

FILED  
2004 FEB 13 AM 10:56

STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED FEB 13, 2004

TAX \$ \_\_\_\_\_  
BY: mb

St Lawrence

4 415

RECEIVED  
2004 FEB 12 PM 4:05

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\_\_\_\_\_  
\_\_\_\_\_

SIXTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is: GOVERNEUR VOLUNTEER RESCUE SQUAD, INC.  
1024 US HWY 11, P.O. Box 164 Gouverneur, NY 13642

SEVENTH: The certificate of amendment was authorized by: [Check the appropriate box]

- The amendment was authorized by a vote of a majority of the members at a meeting.
- The amendment was authorized by the unanimous written consent of the members entitled to vote thereon.
- The amendment was authorized by a vote of a majority of the entire board of directors. The corporation has no members.

  
(Signature)

ROBERT DUNKELBERG  
PRESIDENT, GOVERNEUR RESCUE  
(Name and Capacity of Signer)

3

- 2a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
9. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.
8. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



F040213000399

New York State  
Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
41 State Street  
Albany, NY 12231  
www.dos.state.ny.us

2004 APR 06 3 58 PM

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.  
*(Insert Name of Domestic Corporation)*

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is: GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.

If the name of the corporation has been changed, the name under which it was formed is: N/A

SECOND: The date of filing of the certificate of incorporation with the Department of State is:  
December 21, 1966

THIRD: The law the corporation was formed under is: Membership Corporation Law of the State of New York

FOURTH: The corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law. The corporation is a Type B corporation. If the corporate purposes are being enlarged, limited or otherwise changed, the corporation shall be a Type B corporation.

FIFTH: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: "Paragraph First of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows: First: The name of the corporation is ... (new name) ...")

Paragraph 2a, 8 & 9 of the Certificate of Incorporation relating to organization, distributions, dissolution and net earnings

is hereby [check the appropriate box(es)]  added to read in its entirety as follows or  amended to read in its entirety as follows: paragraphs 2a, and 9 are being added  
old paragraph 8 is being deleted and now paragraph 8 is being added in its place

Paragraph 8 which contains a provision is being deleted and is being replaced with a new provision.

005-1652 (10/03)

State of New York )  
Department of State ) ss:

*I hereby certify that the annexed copy has been compared with the original document filed by the Department of State and that the same is a true copy of said original.*

*Witness my hand and seal of the Department of State on*

FEB 13 2004



A handwritten signature in black ink, appearing to read "R. A. J.", is written over the printed title of the Secretary of State.

Secretary of State

St Lawrence County  
Patricia A. Ritchie  
County Clerk  
Canton, New York 13817

DUPLICATE  
ORIGINAL  
FILED

Document Number: 2004- 00006180 Document Type: Corporation  
Recorded Date: 04/06/2004

Parties: GOUVERNEUR VOLUNTEER RESCUE SQUAD

Pages Charged: 0

Pages Scanned: 6

Comment:

Recorded By: NEW YORK DEPT OF STATE

**\*\* Examined and Charged as Follows \*\***

Corporation

6.00

Recording Fee:

6.00

**\*\* This Page is Part of the Document \*\***

I hereby certify that the within and foregoing was recorded in the Clerk's Office for:

**File Information**

Document Number: 2004- 00006180  
Recorded Date: 04/06/2004 09:41 A  
Receipt Number: 83486

**Mail Back**  
NEW YORK DEPT OF STATE  
DIV CORP & STATE RECORDS  
162 WASHINGTON AVE  
ALBANY NY 12231-



A handwritten signature in black ink that reads "Patricia A. Ritchie".

Patricia A. Ritchie, St. Lawrence County Clerk

**NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
FILING RECEIPT**

**ENTITY NAME :** GOUVERNEUR RESCUE SQUAD, INC.  
**DOCUMENT TYPE :** RESTATED CERTIFICATE  
**ENTITY TYPE :** DOMESTIC NOT-FOR-PROFIT CORPORATION

**DOS ID :** 205004  
**FILE DATE :** 01/29/2026  
**FILE NUMBER :** 260202006239  
**TRANSACTION NUMBER :** 202601300000188-5437997  
**EXISTENCE DATE :** 12/21/1966  
**DURATION/DISSOLUTION :** PERPETUAL  
**COUNTY :** ST. LAWRENCE



**SERVICE OF PROCESS ADDRESS :** THE CORPORATION  
ATTN: GENERAL COUNSEL, 1360 PORTLAND AVENUE  
ROCHESTER, NY, 14621, USA

**ELECTRONIC SERVICE OF PROCESS  
EMAIL ADDRESS :**

N/A

**FILER :** JULIE VELLA - OFFICE OF GENERAL COUNSEL  
ROCHESTER REGIONAL HEALTH, 1360 PORTLAND AVENUE  
ROCHESTER, NY, 14621, USA

*You may verify this document online at :* <http://ecorp.dos.ny.gov>  
**AUTHENTICATION NUMBER :** 100009608548

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<b>TOTAL FEES:</b>	<b>\$55.00</b>	<b>TOTAL PAYMENTS RECEIVED:</b>	<b>\$55.00</b>
<b>FILING FEE:</b>	<b>\$30.00</b>	<b>CASH:</b>	<b>\$0.00</b>
<b>PAST DUE FINE FEE:</b>	<b>\$0.00</b>	<b>CHECK/MONEY ORDER:</b>	<b>\$0.00</b>
<b>CERTIFICATE OF STATUS:</b>	<b>\$0.00</b>	<b>CREDIT CARD:</b>	<b>\$55.00</b>
<b>CERTIFIED COPY:</b>	<b>\$0.00</b>	<b>DRAWDOWN ACCOUNT:</b>	<b>\$0.00</b>
<b>COPY REQUEST:</b>	<b>\$0.00</b>	<b>REFUND DUE:</b>	<b>\$0.00</b>
<b>EXPEDITED HANDLING:</b>	<b>\$25.00</b>		

**RESTATED CERTIFICATE OF INCORPORATION**  
**OF**  
**GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC.**

Under Section 805 of the Not-for-Profit Corporation Law

The undersigned being a Director of GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC. (the "Corporation"), hereby certifies:

1. The name of the Corporation is GOUVERNEUR VOLUNTEER RESCUE SQUAD, INC. The name under which the Corporation was formed was GOUVERNEUR VOLUNTEER RESQUE SQUAD, INC.

2. The Corporation's Certificate of Incorporation was filed by the Department of State on December 21, 1966, pursuant to the Not-for-Profit Corporation Law.

3. The Corporation's Certificate of Incorporation as previously amended from time to time is hereby further amended to effect the following amendments or changes as authorized in Section 801 of the Not-for-Profit Corporation Law of the State of New York:

a. to amend paragraph 1 of the Certificate of Incorporation to change the name of the Corporation;

b. to add a new paragraph 2 of the Certificate of Incorporation to state that the Corporation is a corporation as defined in section 102(a)(5) of the Not-For-Profit Corporation Law;

c. to amend paragraphs 2 and 2a of the Certificate of Incorporation to renumber as paragraph 3 and change the purposes of the Corporation;

d. to delete paragraph 3 of the Certificate of Incorporation describing the territory in which the Corporation will operate;

e. to amend paragraph 4 of the Certificate of Incorporation to delete the statement regarding the location of the Corporation's principal headquarters and to add a statement regarding the Corporation's general powers to carry out the Corporation's purposes;

f. to renumber paragraph 5 of the Certificate of Incorporation as paragraph 15 of the Certificate of Incorporation;

g. to add a new paragraph 5 to the Certificate of Incorporation stating that the Corporation shall not be authorized to engage in the practice of medicine;

h. to amend paragraph 6 of the Certificate of Incorporation to delete the

statement regarding the Corporation's powers and to add a provision stating that the Corporation shall not be authorized to engage any of the activities mentioned in Sections 404 (a) – (v) of the New York Not-for-Profit Corporation Law;

i. to amend paragraph 7 of the Certificate of Incorporation to delete the statement regarding the acquisition of real and personal property by the Corporation and to add a provision stating that the Corporation is a charitable corporation under Section 201 of the Not-for-Profit Corporation Law;

j. to amend paragraph 8 of the Certificate of Incorporation to delete the statement regarding dissolution of the Corporation and to add statements required by the Internal Revenue Service:

k. to amend paragraph 9 of the Certificate of Incorporation to revise statements concerning the net earnings of the Corporation and to delete statements regarding the activities of the corporation;

l. to add a new paragraph 10 stating that no substantial part of the activities of the Corporation shall be carrying on propaganda or otherwise attempting to influence legislation and that the Corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office;

m. to add a new paragraph 11 describing how the Corporation's assets shall be distributed in the event of the Corporation's dissolution;

n. to add a new paragraph 12 restricting the Corporation from undertaking certain actions in any year in which the Corporation is a private foundation as defined by Section 509 of the Internal Revenue Code of 1986, as amended;

o. to add a new paragraph 13 setting forth the location of the office of the Corporation;

p. to add a new paragraph 14 designating the Secretary of State as its agent for service of process and providing an address where the Secretary of State shall mail a copy of any papers served on the Corporation;

q. to add a new paragraph 16 identifying the sole member of the Corporation as St. Lawrence Health System, Inc.; and

r. to add a new paragraph 17 to state the governance and management powers that shall be reserved to the Member of the Corporation and to add a provision defining the term "approve" for purposes of this paragraph.

4. The text of the Certificate of Incorporation, as amended, is hereby restated to read as hereinafter set forth in full:

1. The name of the corporation is GOUVERNEUR RESCUE SQUAD, INC.

2. The corporation is a corporation as defined in subparagraph (a) (5) of Section 102 of the Not-for-Profit Corporation Law, in that it is not formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the corporation shall be distributable to, or inure to the benefit of, its members, directors, officers or any other private person.

3. The purposes for which the corporation is formed are:

(a) to provide for and furnish basic and advanced emergency ambulance services and ambulance transport services to persons requiring such services;

(b) to solicit, accept, hold, invest, reinvest and administer gifts, grants, bequests, contributions, devises, benefits of trusts, endowments and property of any kind, without limitation as to amount of value, for the foregoing purposes; and

(c) to do any other act or thing incidental to or connected with the foregoing purposes or in the advancement thereof, but not for the pecuniary profit or financial gain of its members, directors, officers or any other private person.

4. In furtherance of its corporate purposes, the corporation shall have all general powers enumerated in Section 202 of the Not-for-Profit Corporation Law.

5. Nothing herein contained shall authorize the corporation to engage in the practice of medicine or any other profession required to be licensed under Title VIII of the Education Law.

6. Nothing herein shall authorize this corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Sections 404 (a) – (v) of the New York Not-for-Profit Corporation Law.

7. The corporation is a charitable corporation under Section 201 of the Not-for-Profit Corporation Law.

8. The following language relates to the corporation's tax exempt status and is not a statement of purposes and powers. Consequently, this language does not expand or alter the corporation's purposes or powers set forth in paragraphs 3 and 4 hereof. The corporation is organized exclusively for one or more of the following purposes: religious, charitable, scientific or educational purposes, or for the prevention of cruelty to children or animals, as specified in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from Federal income tax under Section 501(c)(3) of such Code or by an organization, contributions to which are deductible under Section 170(c)(2) of such Code.

9. No part of the assets, income, profits or earnings of the corporation shall inure to the benefit of any member, trustee, director, or officer of the corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes), and no member, trustee,

director or officer of the corporation or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation.

10. No substantial part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise permitted by Section 501(h) of the Internal Revenue Code of 1986, as amended), and the corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

11. In the event of dissolution, all of the remaining assets and property of the corporation shall, after necessary expenses thereof, be distributed to one or more not-for-profit affiliates of the corporation, provided that such distributee(s) shall then qualify under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, subject to an order of a Justice of the Supreme Court of the State of New York. If none of the not-for-profit affiliates of the corporation shall so qualify at the time of dissolution, then distribution shall be made to such other organization or organizations that are organized and operated exclusively for religious, charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, subject to an order of a Justice of the Supreme Court of the State of New York. For the purpose of this paragraph, an "affiliate" shall mean any not-for-profit organization which controls, is controlled by, or is under common control with the corporation, and any other not-for-profit organization which expressly and specifically includes among its purposes the benefit or support of the corporation.

12. In any taxable year in which the corporation is a private foundation as defined by Section 509 of the Internal Revenue Code of 1986, as amended, the corporation shall:

(a) not engage in any act or self-dealing that is subject to tax under Section 4941 of the Code;

(b) not distribute its income for each taxable year at such time and in such manner as to subject the corporation to tax on undistributed income under Section 4942 of the Code;

(c) not retain any excess business holdings in such manner as to subject the corporation to tax under Section 4943 of the Code;

(d) not make any investments in such manner as to subject the corporation to tax under Section 4944 of the Code; and

(e) not make any expenditures that are subject to tax under Section 4945 of the Code.

13. The office of the corporation is to be located in the County of St. Lawrence, State of New York.

14. The Secretary of State is hereby designated as the agent of the corporation

upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any such process served is 1360 Portland Avenue, Rochester, New York 14621, Attn: General Counsel.

15. The number of Directors shall not be less than three nor more than seven. The following designated Directors shall take and hold office as directors until the first annual meeting:

NAMES	ADRESSES
Leo R. Knight	Island Branch Rd., Gouverneur, N.Y.
John Leeson	98 W. Barney St., Gouverneur, N.Y.
Clifford McCumber, Jr.	34 Johnstown Street, Gouverneur, N.Y.
Roderick C. Benware	88 Wilson St., Gouverneur, N.Y.

16. The sole member of the corporation is St. Lawrence Health System, Inc. (the "Member").

17. In addition to all other rights and powers of membership prescribed by New York law, this Certificate of Incorporation and/or the Corporate Bylaws of the corporation, the following governance and management powers shall be reserved to the Member:

(a) To approve the statement of mission and philosophy adopted by the corporation and to require that the corporation operate in conformance with its mission and philosophy;

(b) To elect and remove, with or without cause, the chief executive officer of the corporation;

(c) To amend or repeal the Certificate of Incorporation or Bylaws, and to adopt any new or restated Certificate of Incorporation or Bylaws, of the corporation;

(d) To approve any plan of merger, consolidation, dissolution or liquidation of the corporation;

(e) To fix the number of, and to appoint and remove, with or without cause, the directors of the corporation;

(f) To approve any debt of the corporation other than in the ordinary course of business in excess of an amount to be fixed from time to time by the Member, alone and in the aggregate for the preceding twelve-month period, including any debt necessary to finance the cost of compliance with operational or physical plant standards required by applicable law;

(g) To approve the sale lease, exchange or disposition of all, or substantially all, the assets of the corporation, and to approve any sale, acquisition, lease, transfer, mortgage, pledge, or other alienation of real or personal property of the corporation in excess of an amount to be fixed from time to time by the Member alone and

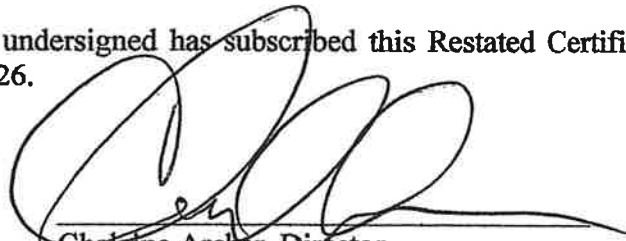
in the aggregate for the preceding twelve-month period, or otherwise outside of the ordinary course of business;

- (h) To approve the capital and operating budgets of the corporation;
- (i) To approve settlements of litigation when such settlements exceed applicable insurance coverage or the amount of any applicable self-insurance fund;
- (j) To approve any plan of merger, consolidation, reorganization, dissolution or liquidation of the corporation, including the addition of any entities as new members of the corporation and the corporation's participation in, or development or dissolution of, any subsidiary organizations, including corporations, partnerships or joint ventures of the corporation and other entities; and
- (k) To approve the strategic plan of the corporation.

For purposes of this paragraph 17, the word "approve" shall mean the power to: (i) initiate action without a prior recommendation from the board of directors for the corporation; (ii) accept, reject or modify a recommendation of the board of directors of the corporation and direct action by the corporation upon such determination; or (iii) return a recommended action to the corporation's board of directors, setting forth the reasons for rejection and/or suggested changes.

5. The amendment and restatement of the Certificate of Incorporation was authorized by the affirmative vote of a majority of all of the members of the corporation entitled to vote thereon, with such vote being at least equal to a quorum.

IN WITNESS WHEREOF, the undersigned has subscribed this Restated Certificate of Incorporation this 13 day of January, 2026.



Chantalne Archer, Director



Exhibit L

Gouverneur Rescue Squad Inc. Officers Current

President: Donna Mc Gregor

VP-EMS: J. Brent Bishop

Treasurer: Howard Glastonbury

Dir. of EMS: Ann Smith

M

Exhibit M

Seaway Valley Certificate of Incorporation

CERTIFICATE OF INCORPORATION

OF

PHILLGREY INC.

Under Section 402 of the Business Corporation Law

The undersigned, a natural person of the age of eighteen years or over, desiring to form a corporation pursuant to the provisions of the Business Corporation Law of the State of New York, hereby certifies as follows:

FIRST: The name of the corporation is:

PHILLGREY INC.

SECOND: The purpose for which it is formed is as follows:

To engage in any lawful act or activity for which corporations may be formed under the Business Corporation Law provided that the corporation is not formed to engage in any act or activity which requires the consent or approval of any state official, department, board agency or other body, without such approval or consent first being obtained.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the Business Corporation Law upon corporations formed thereunder, subject to any limitations contained in Article 2 of said law or in accordance with the provisions of any other statute of the State of New York.

THIRD: The office of the corporation in the State of New York is to be located in the County of Jefferson.


FOURTH: The aggregate number of shares which the corporation shall have the authority to issue is 200, no par value.

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served, and the address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is: P.O. Box 88, Watertown, NY 13601.

SIXTH: A director of the corporation shall not be personally liable to the corporation or its shareholders for damages for any breach of duty in such capacity except for liability if a judgment or other final adjudication adverse to a director establishes that his or her acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that the director personally gained in fact a financial profit or other advantage to which he or she was not legally entitled or that the director's acts violated Section 719 of the Business Corporation Law; or liability for any act or omission prior to the adoption of this provision.

IN WITNESS WHEREOF, I hereunto sign my name and affirm that the statements made herein are true under the penalties of perjury.

Dated: September 15, 1998

  
\_\_\_\_\_  
Scott J. Schuster, Incorporator  
283 Washington Avenue  
Albany, New York 12206

FILING RECEIPT

=====

ENTITY NAME: PHILLGREY INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: JEFF

SERVICE COMPANY: SERVICO

SERVICE CODE: 35 \*

=====

FILED:09/17/1998 DURATION:PERPETUAL CASH#:980917000143 FILM #:980917000143

ADDRESS FOR PROCESS

EXIST DATE

-----  
THE CORPORATION  
PO BOX 88  
WATERTOWN, NY 13601

-----  
09/17/1998

REGISTERED AGENT  
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STOCK:            200 NPV

FILER	FEES	135.00	PAYMENTS	135.00
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KINNE LAW FIRM	FILING :	125.00	CASH :	0.00
137 MULLIN STREET	TAX :	10.00	CHECK :	0.00
	CERT :	0.00	BILLED:	135.00
	COPIES :	0.00		
WATERTOWN, NY 13601	HANDLING:	0.00		
			REFUND:	0.00
			-----	

1. 004

CERTIFICATE OF  
ASSUMED NAME --- CORPORATION

Pursuant to Section 130 of the General Business Law

It is hereby certified that:

PHILLAGREY INC.

**SERVICO 33**

is a corporation under the Business Corporation Law.

The name to be assumed by this corporation is:

**SEAWAY VALLEY AMBULANCE SERVICE**

The address of the principal place of business of the corporation in the State of New York is:

Number and Street:

City, State, Zip:

County:

(If not applicable, check and insert principal foreign jurisdiction address above.)

Counties and boroughs in which business will be conducted under the assumed name.

( All Counties     If not all, Circle which below)

Albany	Genesee	Oneida	Suffolk
Allegany	Greene	Onondaga	Sullivan
Broome	Hamilton	Ontario	Tioga
Cattaraugus	Herkimer	Orange	Tompkins
Cayuga	Jefferson	Orleans	Ulster
Chautauqua	Lewis	Oswego	Warren
Chemung	Livingston	Otsego	Washington
Chenango	Madison	Putnam	Wayne
Clinton	Monroe	Rensselaer	Westchester
Columbia	Montgomery	Rockland	Wyoming
Cortland	Nassau	<u>St. Lawrence</u>	Yates
Delaware	Bronx	Saratoga	
Dutchess	Kings	Schenectady	
Erie	New York	Schoharie	
Essex	Queens	Schuyler	
Franklin	Richmond	Seneca	
Fulton	Niagara	Steuben	

(The address of each location within New York State where business is or will be conducted under assumed name-list on reverse side. If no business locations in NYS, check \_\_\_\_.)

Corporation Officer's Signature

*Michael P. Jennings*

Type Name and Office

MICHAEL P. JENNINGS, PRESIDENT





New York State Department of  
**Taxation and Finance**  
 Office of Processing and Taxpayer Services  
 W A Harriman Campus  
 Albany NY 12227

Notice date: 4/20/2012

**Approval of Election to be Treated as a New York S Corporation**

Taxpayer ID: 16-1556443

S effective date: 1/1/2012

12043511887100-AC00



PHILLGREY INC.  
 PO BOX 943  
 WATERTOWN NY 13601-0943

We have approved your election to be treated as a New York S corporation, effective for tax years beginning on or after 1/1/2012. This election will remain in effect for all subsequent years until revoked or terminated.

If the effective date is for a period later than the one you requested, you did not make the election on time. Therefore, we assigned the next applicable period. If you have a federal election for a period earlier than the one assigned, please resubmit Form CT-6, *Election by a Federal S Corporation to be Treated As a New York S Corporation*, with a copy of the federal S election approval letter to the CORPORATION TAX REGISTRATION UNIT, W A HARRIMAN CAMPUS, ALBANY NY 12227.

If your federal S election is pending, this New York State approval is tentative until the Internal Revenue Service (IRS) approves the federal election. If the IRS denies your federal S election, your New York State approval is revoked and your corporation must file regular New York State corporation franchise tax returns.

**Note:** All information in this statement is subject to review and adjustment by the Audit Division, who determines whether the corporation meets the legal requirements for filing as a New York S corporation.

**Filing requirements for S corporations** – A New York S corporation must file its franchise tax return annually and pay its tax within 2½ months after the end of the corporation's tax year. General business S corporations must file Form CT-3-S, *New York S Corporation Franchise Tax Return*. Bank S corporations must file Form CT-32-S, *New York Bank S Corporation Franchise Tax Return*.

Individual shareholders must file either  
 Form IT-201, *Resident Income Tax Return*, or  
 Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

**Penalties and interest** – We will assess penalties if you fail to file a tax return, or fail to file or pay tax on time, or fail to provide shareholder information on time, or if you understate the tax. We will also assess interest if you fail to pay on time.

Whenever the shareholder composition of the S corporation changes, either in the number of shareholders included or by specific individuals included, you must complete and file a new Form CT-6, *Election by a Federal S Corporation to be Treated As a New York S Corporation*.

For more information, call (518) 485-6027. When you call, have your taxpayer identification number and the notice code available as follows:

Taxpayer ID: 161556443

Notice code: 20005

**Need help?**



Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features



**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY):

(518) 485-5082

**COPY**

**Notice code: 20005**

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Exhibit N

Copy of Asset Transfer Agreement, IF ANY

Please see Exhibit C Statement of Purpose and Intent. This is a transfer of assets between two wholly owned subsidiaries of St. Lawrence Health.

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## Exhibit O

### Financial and Insurance

**Financial:** There is no additional financial information required as Seaway Valley Ambulance and Gouverneur Rescue Squad are both wholly owned subsidiaries of St. Lawrence Health and as such there will be no additional expenditures resulting from this internal reorganization.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
04/01/2026

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Highstreet OVIA & HG Ellis 8330 Main Street Williamsville, NY 14221	CONTACT NAME: <b>Melissa Stuckey</b>
	PHONE (A/C, No, Ext): <b>(680)210-0498</b> FAX (A/C, No):
	E-MAIL ADDRESS: <b>mstuckey@getovia.com</b>
	INSURER(S) AFFORDING COVERAGE      NAIC #
<b>INSURED</b> Gouverneur Volunteer Rescue Squad, Inc. Mellssa Brook PO Box 164 Gouverneur, NY 13642-0164	INSURER A : <b>Natl Union Fire Insurance Company of PA</b> <b>19445</b>
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

**COVERAGES      CERTIFICATE NUMBER: 00015014-260401131119      REVISION NUMBER: 1**

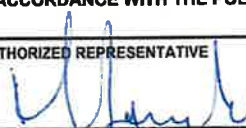
**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. \*LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>VFNU-TR-0029880</b>	<b>01/01/2026</b>	<b>01/01/2027</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>10,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>10,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			<b>VFNU-CM-0037254</b>	<b>01/01/2026</b>	<b>01/01/2027</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**Proof of insurance based on policy/policies listed above**

**CERTIFICATE HOLDER**

**CANCELLATION**

NYS Department of Health 875 Central Ave Albany, NY 12206	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (MGS)

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**Exhibit P.**

**Assets being transferred**

**As a result of this internal reorganization, all of the assets of Seaway Valley Ambulance held in the name of PhillGrey, Inc. dba Seaway Valley Ambulance, including its ambulance operating certificate, will be transferred to Gouverneur Rescue Squad, Inc.**