

STATE OF NEW YORK SUPREME COURT  
COUNTY OF TOMPKINS

Application of DR. ELIZABETH PLOCHARCZYK,

Petitioner,

For the Judicial Dissolution of PATHOLOGY  
ASSOCIATES OF ITHACA, P.C., and DR. DANIEL  
SUDILOVSKY

Respondent.

**VERIFIED PETITION  
FOR JUDICIAL  
DISSOLUTION**

Index No.:

The Petition of **DR. ELIZABETH PLOCHARCZYK** (the "Petitioner"), by and through her attorneys **HANCOCK ESTABROOK, LLP**, to dissolve, pursuant to New York Business Corporation Law §1104 and commons law, the Corporation known as Pathology Associates of Ithaca, P.C., upon the showing that: the Shareholders are deadlocked, and there is internal dissension of two factions of shareholders, respectfully shows the following to this Court.

**FACTS**

1. Petitioner is a natural person residing in Tompkins County, New York and licensed to practice medicine of the State of New York.
2. **PATHOLOGY ASSOCIATES OF ITHACA, P.C.** ("PAI" or the "Practice") is a professional corporation duly organized and existing under the laws of the State of New York, with its principal place of business in Tompkins County at 101 Dates Drive, Ithaca, New York 14850, which, *inter alia*, provides comprehensive anatomic and clinical pathology services to the region.
3. Upon information and belief, the PAI was originally incorporated on or about January 2, 1997. Since its inception, the PAI has operated as providing pathology services.

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4. On October 1, 2018, Petitioner became a shareholder of PAI along with Dr. Daniel Sudilovsky.

5. PAI is authorized to and has issued a total of forty (40) shares of voting stock. A copy of the Shareholder Agreement with a list of the Shareholders and their respective holdings is attached hereto as **Exhibit "A"**.

6. PAI is not registered as an investment company under the Investment Company Act of 1940, 15 U.S.C. § 80a-1 *et seq.*

7. No shares of PAI are listed on a national securities exchange or regularly quoted in an over-the-counter market by one or more members of a national or an affiliated securities association.

8. Petitioner holds twenty (20) voting shares of PAI. As such, Petitioner holds 50% of all of the outstanding shares. *See*, Ex. A.

9. Respondent, Dr. Daniel Sudilovsky ("Dr. Sudilovsky") is the remaining shareholder of PAI and also holds twenty (20) voting shares or 50% of all outstanding shares (the "Remaining Shareholder" collectively with Petitioner the "Shareholders"). *See*, Ex. A.

10. Dr. Sudilovsky is a natural person residing in Tompkins County, New York and licensed to practice medicine of the State of New York.

11. The Shareholders are also the only current directors of PAI (collectively, "the Directors").

12. Petitioner and Dr. Sudilovsky are the only two employees of PAI.

13. All directorial and managerial function is to be held and executed by petitioner and Dr. Sudilovsky equally.

14. At all times, Petitioner reasonably expected that PAI would be a 50/50 shareholder split with equal board representation and decision-making authority for both she and Dr. Sudilovsky.

15. Over the past few years, Dr. Sudilovsky has taken actions that undermine Petitioner in her roles as shareholder, director, and medical practitioner, and has withdrawn from his responsibilities as shareholder, director, and medical practitioner, which has negatively impacted PAI's professional relationships with the medical community, including Cayuga Health System (CHS) and its component hospitals Cayuga Medical Center (CMC) and Schuyler Hospital (SH) and medical practice Cayuga Medical Associates (CMA).

16. As a result, Petitioner has entirely lost trust in respondent Dr. Sudilovsky as both a business and medical practice partner.

17. Petitioner and Dr. Sudilovsky, the only Directors and Shareholders, are deadlocked as they have not they been able to communicate as to the daily operation of the Practice.

18. Consequently, as the sole directors and shareholders of PAI, they have become so divided respecting the management of the Practice that they cannot communicate to take any joint action in furthering PAI business.

19. This division is irreconcilable due to the complete breakdown of trust between shareholders and directors.

20. Upon information and belief, the deadlock has resulted in complete corporate frustration.

21. There is such internal dissension between the sole shareholders and directors of the corporation, and such a divide between them, that dissolution would be beneficial to the shareholders of the PAI.

22. Absent trust, continuation of the corporation would merely amplify the divide to the detriment of PAI and its clients who rely on its service.

### **BACKGROUND**

23. Petitioner began working for PAI in 2013, and became a shareholder in 2018.

24. In the period leading up to becoming a shareholder, and in the first year of becoming a shareholder, Petitioner and Dr. Sudilovsky participated equally in the professional and business workloads and decision making.

25. In order to best serve their clients and patients, the shareholders must be able to work together in the practice and maintain productive and collaborative relationships with the medical community and hospital administrations.

26. Soon after Petitioner became a shareholder, Petitioner began to receive complaints from the medical community that Dr. Sudilovsky's behavior was arrogant and narcissistic.

### ***Practice Issues***

27. Over the course of 2016 to 2019, Dr. Sudilovsky lost his re-election bid to the Cayuga Area Physician Alliance (CAPA) board of directors and two elections for its medical staff president. The "Health Network", Cayuga Health Partners (CHP) is a collaborative partnership composed of 50% ownership by membership of the physicians in the community (CAPA) and 50% ownership by CMC. CHP is a clinically integrated network with the status of accountable care organization and performs contracting functions and other clinical integration activities for CHS and the area physicians.

28. Dr. Sudilovsky stopped regularly attending CMC's medical executive committee meetings in 2018.

29. Over the course of 2019, the working relationship between Petitioner and Dr. Sudilovsky noticeably eroded.

30. As a result of Dr. Sudilovsky's failed leadership and attempt to deflect responsibility, collaboration between the CMC laboratory and PAI has significantly declined.

31. By late 2019, Dr. Sudilovsky and the CHS laboratory director were barely communicating with each other as Dr. Sudilovsky developed an adversarial relationship with her.

32. Additionally, Dr. Sudilovsky began frequently initiating arguments and disputes with other departments of the Cayuga Medical Center ("CMC") and Schuyler Hospital ("SH"); most notably and distressing to Petitioner was a public dispute he waged regarding the Benign Breast Program.

33. After being absent from many key meetings at CMC of providers (including pathology, radiology, surgery, and navigation) to create a multidisciplinary plan to handle benign breast program cases, Dr. Sudilovsky decided that he was dissatisfied with the group's plan and that key providers did not have the knowledge necessary to design and execute the program. He then refused to participate in the agreed upon conferences, calling his stance "civil disobedience."

34. As a result of Dr. Sudilovsky's actions, Petitioner had to take full responsibility for PAI's obligations which not only burdened with additional work but, more importantly with the interpersonal friction Dr. Sudilovsky generated between PAI and other departments.

35. The problems created by Dr. Sudilovsky with the benign breast program continued when he complained to Petitioner and made disparaging comments about other

physicians involved in the benign breast program and that he would communicate these comments to CMC administration, PAI's largest client.

36. As a result of Dr. Sudilovsky's interaction with CMC administration, the Benign Breast Program did not operate for several months and required many people to bring the group back together. In mid-2020, after being absent for several days, Dr. Sudilovsky returned in a state of agitation, stormed into CMC's Chief Executive Officer's office demanding a meeting about an employee he claimed was critical to the operation of the lab and that the hospital was in danger of losing. At the meeting Petitioner attended out of concern about Dr. Sudilovsky's behavior, Dr. Sudilovsky demanded that the hospital increase its employee's pay and enhance her title. He also threatened that PAI would not be able to fulfill perform its contractual duties without this CMC employee.<sup>1</sup>

37. Following this meeting, Petitioner informed Dr. Sudilovsky that she disagreed with his position on the critical nature of that employee and that she did not appreciate him threatening PAI's relationship with CMC. During a conversation at or about this same time in which Petitioner tried to address Dr. Sudilovsky's increasingly erratic and disruptive behavior, he declared that he had come to a place in his life in which he had decided that he "will never compromise again".

38. In June 2020 at a meeting with CMC administration, Dr. Sudilovsky made statements inferring that Petitioner lacked in her leadership abilities.

39. In spring or early summer, Dr. Sudilovsky attended a meeting with Cornell leadership and administration regarding a collaboration with CMC. Following the meeting,

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<sup>1</sup> The employee was not an employee of PAI nor does PAI possess the ability to make hospital staffing decisions.

Petitioner was advised by CMC administration that due to Dr. Sudilovsky's behavior, Cornell would not agree to any collaboration if Dr. Sudilovsky was the point of contact. As a result, it was determined that Petitioner would be the only person from PAI to interact with Cornell, a requirement that Cornell required be included in the service contract.

***Medical Director Issues***

40. In May 2019, Cayuga Medical Associates (CMA), a multi-specialty physician's practice group, approached the administrative director of the laboratory who suggested that Petitioner be the medical director of their point of care testing in offices.

41. Upon information and belief, CMA preferred Petitioner to Dr. Sudilovsky due to Dr. Sudilovsky's inability to work with the other professionals.

42. PAI executed a contract with CMA with Petitioner named as medical director.

43. During his tenure as Medical Director at CMC, there were multiple meetings known as Root Cause Analyses (RCAs) for events related to the blood bank and core laboratory over which Dr. Sudilovsky had responsibility as Medical Director. He did not attend a number of these RCAs or take the steps necessary to correct the deficiencies that caused them to occur, which would have required multidisciplinary collaboration across departments. He also refused to attend meetings hosted by other departments, insisting that they come to him on his schedule. During one of these meetings for which Sudilovsky was absent in summer/fall 2020, it was determined that Dr. Sudilovsky had failed to have a coherent policy in place for a number of years.

44. Further, in early 2020 as CMC medical director responsible for the blood bank, Dr. Sudilovsky decided to stock platelets in a manner that resulted in significant wasting of platelets by not allowing platelets reserved for massive transfusion events to be used for routine

transfusion. When challenged by Petitioner that platelet expiration dates are just a few days after receipt into the laboratory and wastage was high following his strategy, Dr. Sudilovsky refused to acknowledge and/or to consider Petitioner's suggestions, or to collaborate with Petitioner in any fashion.

45. Due to the issues detailed in the preceding and following paragraphs, in June 2020 CMC asked Dr. Sudilovsky to transfer the medical directorship of CMC to Petitioner over the course of the next year. During a meeting on June 24, 2020, Dr. Sudilovsky took the position that Petitioner lacked leadership abilities necessary to serve as medical director. CMC's CEO told Dr. Sudilovsky that administration and hospital staff had confidence in Petitioner's abilities and wanted her to replace him as medical director and that they hoped Dr. Sudilovsky would participate meaningfully and gracefully in the transition, specifically outlining what was required from Dr. Sudilovsky in order to complete the transition.

46. On June 25, 2020 Dr. Sudilovsky transferred medical directorship of Schuyler Hospital to Petitioner.

47. Dr. Sudilovsky was removed as Medical Director of CMC effective October 1<sup>st</sup>, 2020.

48. Petitioner was immediately appointed Acting Medical Director.

#### ***Management and Shareholder Issues***

49. In September 2019, Dr. Sudilovsky informed Petitioner that his wife had left him and would be seeking a divorce.

50. Since that time, Dr. Sudilovsky's attendance and workload have severely diminished.



51. Additionally, in the time Dr. Sudilovsky was at work, he would frequently either be disengaged or engaged in maladaptive behaviors.

52. Dr. Sudilovsky would often overturn decisions Petitioner made in his absence upon returning from one of his frequent absences or disagree about work unpredictably or without justification.

53. In January 2020, Petitioner developed acute stress-induced gastritis, resulting in her having to be admitted to the Emergency Department.

54. Dr. Sudilovsky's continued absence and behavior resulted in Petitioner having to carry out the vast majority of PAI business.

55. In February 2020, Petitioner asked Dr. Sudilovsky to conduct a meeting, as the other responsible medical examiner, regarding policies and procedures of the Medical Examiner Office because she was ill. Dr. Sudilovsky refused forcing Petitioner to conduct the meeting while ill.

56. At approximately 7:00 a.m. on a weekend in early March 2020, Petitioner received a phone call at home from the Administrative Director of the CMC laboratory requesting that she come to the hospital because hospital leadership was mobilizing an incident command center for the COVID-19 response. Dr. Sudilovsky did not attend the meeting.

57. While Petitioner attended and has continually been fully engaged and handling PAI's role in addressing the Covid-19 pandemic, Dr. Sudilovsky refused to engage in this response and would not communicate for a substantial period of time.

58. As a result of Dr. Sudilovsky's inability to effectively communicate with others, CMC's administration has had to disproportionately rely upon Petitioner to coordinate with its

local partners, including, Cornell University, Rheonix, Inc., and Tompkins County Health Department.

59. For example, in the spring or summer of 2020 Petitioner received a call regarding CMC business from the CEO of Cayuga Health Partners, and important business relationship of PAI who was frustrated because Dr. Sudilovsky would not take his phone calls regarding an urgent issue even though he was on call that weekend. When Petitioner called Dr. Sudilovsky, he indicated he did not understand the issue and refused to engage productively, despite the CEO's insistence of the urgency of the matter.

60. In the Spring of 2020, Dr. Sudilovsky was consulted by Schuyler Hospital administration regarding a rapid HIV-test that would have to be performed at CMC's Facilities. Dr. Sudilovsky refused to authorize the transport of a sample to CMC without providing any clinical reason. His inappropriate handling of the matter and the manner of doing so created further strife between hospital staff and PAI.

61. From spring to summer 2020, shareholders clashed over how to perform pathology services, specifically analyzer validation, multiple times.

62. The COVID-19 pandemic forced PAI to respond to the public health crisis through the creation and implementation of a testing program in conjunction with CHS that has to date, performed over a million COVID-19 PCR tests. This response has required flexibility, creativity, and collaboration, PAI's contribution has largely been the work of Petitioner.

63. Dr. Sudilovsky's involvement in this process has been minimal and when he has engaged himself, there was conflict between shareholders because of Dr. Sudilovsky's continued impedance of Petitioner's efforts. As part of the testing program, PAI introduced technology to

perform PCR testing for COVID-19 which involved validation of analyzers and testing components.

64. During one exchange in April 2020, Petitioner tried to put forth the idea of pooling specimens, which ultimately became the most critical component of their testing strategy.

65. Dr. Sudilovsky summarily rejected it at the time without any scientific analysis to support his position and refused to hear the explanation of Petitioner.

66. Additionally, Dr. Sudilovsky accused Petitioner of wrongdoing and interfered with the work she was performing in validating the analyzer.

67. In late spring/early summer, Petitioner was informed that Dr. Sudilovsky had sent text messages to CMC insinuating that Petitioner had mishandled the use of viral transport media (component used to house the swab after a specimen is taken to preserve the sample prior to testing) and that he had the expertise to fix the issue.

68. Petitioner had been working directly with Cornell and CMC on the viral transport media.

69. However, his allegation had no substantiation and instead was made as a threat to attempt to force CMC's administration to accede to his wishes.

70. CMC decided not to address the issue directly with Dr. Sudilovsky because of his unpredictable behavior, and they did not want to risk compromising the integrity of the program by making a public spectacle under false pretenses.

71. Dr. Sudilovsky failed to meet the required attendance in 2020 for the CMC's Cancer Committee, causing Pathology to be the only department to do so, jeopardizing accreditation of the Cancer Program. Dr. Sudilovsky also failed to attend the required medical staff meetings.

72. After being informed that he was being removed as Medical Director of CMC, Dr. Sudilovsky further withdrew from work, frequently coming in late, leaving early, and taking off more than one-week each month.

73. Laboratory staff regularly complained to Petitioner that Dr. Sudilovsky was frequently unreachable during afternoons when Petitioner was offsite at Cornell, Rheonix COVID facility, or Schuyler Hospital.

74. Due to Dr. Sudilovsky's continued withdrawal from the practice, Petitioner has been left to deal with the majority of PAI's business.

75. Petitioner is unable to delegate any responsibilities to Dr. Sudilovsky due to her lack of trust in his ability to perform the functions.

76. Since October 2020, the shareholders have barely spoken to each other.

77. They are no longer able to share cases or discuss happenings in the lab.

78. Petitioner routinely performs at least two-thirds of the billed work plus all of the medical directorship work for PAI's contracts with CMC, CMA and Schuyler Hospital.

79. On June 24, 2020, Dr. Sudilovsky started making a series of improper disbursements to himself for medical expenses for over \$8,000.00, notwithstanding the fact that on prior occasions Dr. Sudilovsky had indicated that such disbursements were not allowed.

80. Dr. Sudilovsky refused to acknowledge or respond to written communication from Petitioner in September of 2020 to address the issue.

81. In 2020 Dr. Sudilovsky, who was responsible, failed to make timely payment on PAI payables, which on one occasion resulted in a threat of a collection action. Dr. Sudilovsky also regularly miscalculated certain insurance payments, resulting in overpayment. As a result, Petitioner was required to take on the day-to-day financial responsibilities of PAI.

82. Dr. Sudilovsky attempted to negotiate a contract outside of PAI for himself with CMC for the Rheonix, Inc. joint venture directorship, which is in violation of the shareholder agreement (Ex A) in addition to not being reflective of the contribution of work performed by Petitioner.

83. Notwithstanding the fact that "on call" duty is a responsibility shared by the two PAI pathologists and not dependent upon who is named as the medical director for a certain hospital, after Petitioner became Medical Director at Schuyler, in June or July 2020, Dr. Sudilovsky refused to respond appropriately to calls from Schuyler when he was responsible (i.e., on-call), resulting in delays in care for patients. During one call, he told the technologist that he was no longer Medical Director and not to call him. During another, he did not respond to the call for over 45 minutes.

84. In early 2020, when Petitioner required attestations from co-workers regarding her competence in order to maintain her certification for the American Board of Pathology, Dr. Sudilovsky simply refused to respond to her request, requiring that Petitioner seek the assistance of a pathologist from another hospital system with whom she had a congenial working relationship.

85. Petitioner has found herself increasingly having to rely upon pathologists from other systems for consultation because she cannot trust or even communicate with Dr. Sudilovsky.

86. In September 2020, prior to his removal as medical director, Dr. Sudilovsky alleged that work Petitioner was doing in a validation study was faulty. The work was not faulty at all and was being approved by hospital administration.

87. Dr. Sudilovsky indicated that he would not support the validation of anterior nares (less invasive nasal swab) samples that Petitioner had performed. Anterior nares samples were being required by important contractual relationships to CMC.

88. Dr. Sudilovsky could provide no scientifically justifiable reason for this and, when challenged by Petitioner and hospital administration, he could only offer that he knew best and had the authority as Medical Director.

89. In December 2020, Dr. Sudilovsky was overheard giving misinformation to a provider over the phone regarding vaccine distribution.

90. At the end of December 2020, Dr. Sudilovsky unilaterally manipulated payroll to change his year-end salary and bonus to be deferred to the next tax year.

91. When Petitioner objected, Dr. Sudilovsky failed to respond until right before payroll needed to be settled.

92. Petitioner was forced to go along with the payroll decision to avoid the corporation having to pay a larger tax burden for the 2020 fiscal year.

93. Petitioner informed Dr. Sudilovsky that the agreement made her uncomfortable and was completely against their routine payroll practice.

94. Dr. Sudilovsky simply responded that he needed to reduce his 2020 yearly income.

95. Upon information and belief, this was done solely as an attempt to improperly report his income in his ongoing divorce proceedings.

96. After offering to buy out the shares of Dr. Sudilovsky for what Petitioner believed was a fair price to which he refused to discuss on numerous occasions, on February 9, 2021, Dr. Sudilovsky appeared at the office of Petitioner and insisted upon speaking with her.

97. Petitioner asked him to leave and offered to meet with him over Zoom due to the ongoing pandemic.

98. Dr. Sudilovsky refused to leave her office and blocked the doorway despite Petitioner asking him to leave multiple times.

99. On or about February 22, 2021, Petitioner received a call from a provider requesting a consult for a possible skin biopsy. The provider initially spoke with Dr. Sudilovsky, but was dissatisfied with Dr. Sudilovsky's response to a clinical inquiry in which he should have consulted Petitioner as it was in her area of expertise. The question from the provider was best answered by someone who is specialized in dermatopathology as it had to do with a skin biopsy. Petitioner is board certified in dermatopathology, while Dr. Sudilovsky is not.

100. Instead, Dr. Sudilovsky failed to collaborate with Petitioner but instead provided the wrong information to the provider, stating that skin biopsy was not indicated when indeed it was.

101. As a result, Petitioner can no longer trust the clinical judgment of Dr. Sudilovsky due to inability to communicate and or even defer to Petitioners' expertise.

102. The issues on which Petitioner and Dr. Sudilovsky disagree are fundamental and pervasive. The disagreements touch nearly every aspect of PAI, including its internal management, external communications and client involvement, and overall philosophy.

103. Accordingly, and based upon the foregoing, it is respectfully submitted that dissolution of the Corporation is necessary.

104. Furthermore, the dissolution of the Corporation will not be injurious to the parties or to the public, and a judicial dissolution will resolve the intractable disagreement between the Shareholders and will not adversely affect any legitimate right of any person or entity.

105. No such relief has previously been sought.

**AS AND FOR A FIRST CAUSE OF ACTION**  
**BCL §1104**

106. Petitioner repeats and realleges each of the allegations set forth above as if fully set forth at length herein.

107. Petitioner is the owner of one-half of the outstanding shares of capital stock entitled to vote in an election of directors, and files this petition for a dissolution of Respondent Pathology Associates of Ithaca, P.C. on the grounds specified in Section 1104 of the Business Corporation Law.

108. As detailed above, significant division, differences of opinion, and dissension has arisen between Petitioner and Dr. Sudilovsky in the conduct and management of the business affairs of the respondent corporation, Pathology Associates of Ithaca, P.C., and its corporate affairs, with the result that the business and goodwill of the respondent corporation, Pathology Associates of Ithaca, P.C., are at immediate risk of irreparable impairment.

109. Petitioner has been unable to resolve the significant disputes and management issues.

110. Further, as detailed above, the actions of Dr. Sudilovsky have resulted in a fundamental loss of trust.

111. As a result, Respondent Pathology Associates of Ithaca, P.C. has an even number of directors who are so divided respecting the management of its affairs such that the votes required for action by the board and for the election of directors cannot be obtained.

112. There is such internal dissension and the two equal shareholders are so divided that dissolution of the corporation would be beneficial to the shareholders so as to prevent the



irreparable harm inevitably resulting from the complete breakdown of trust, and resultant infighting between the corporations two partners.

113. The resulting deadlock and dissension effectively destroy the orderly functioning of Pathology Associates of Ithaca, P.C. as a 50/50 partnership between equal owners with equal directorial authority. The board of directors has, essentially, ceased to function.

114. For each of the many reasons above, it is clear that there are such differences and dissension between the sole shareholders and directors of PAI, as to present an irreconcilable barrier to the continued functioning of the corporation under efficient management.

115. Furthermore, the internal dissension between the two equal shareholders is hindering the proper management of the corporation, causing increasing tension with clients, and preventing both Petitioner and Respondent from practicing medicine in the manner they desire. Consequently, it would be beneficial to the shareholders, and the corporation's clients and patients to dissolve the corporation, rather than allow the corporation to disintegrate from within due to lost trust and constant internal dispute.

116. In view of the foregoing, judicial dissolution of Respondent Pathology Associates of Ithaca, P.C. under Business Corporation Law § 1104(a)(1), (2), and (3) is appropriate.

117. No prior application has been made for the relief requested herein.

**AS AND FOR A SECOND CAUSE OF ACTION**  
**COMMON LAW DISSOLUTION**

118. Petitioner repeats and realleges each of the allegations set forth above as if fully set forth at length herein.

119. Petitioner is entitled to common law dissolution of PAI.

120. Common law dissolution is a remedy for shareholders where a company's majority shareholders or officers or directors breach their fiduciary duty to shareholders.

HANCOCK ESTABROOK, LLP 1800 AXA TOWER I, 100 MADISON STREET, SYRACUSE, NEW YORK 13202

121. Petitioner and Respondent Dr. Sudilovsky are equal shareholders.

122. As detailed above, Dr. Sudilovsky has breached his fiduciary duties to PAI and to Petitioner.

123. As a result of Dr. Sudilovsky's acts, omissions and conduct as described in detail above, in which he has exploited his status as a 50% shareholder of PAI, Petitioner has been oppressed.

124. Accordingly, Dr. Sudilovsky has egregiously breached his fiduciary duty to Petitioner and have substantially defeated Petitioners' expectations that, objectively viewed, were both reasonable under the circumstances and central to Petitioner's decision to join PAI.

125. Such conduct constitutes unlawful and oppressive conduct toward Petitioner which mandates the dissolution of PAI.

**WHEREFORE**, Petitioner respectfully requests that this Court grant a final order pursuant to BCL §1104 or common law dissolving the Corporation, together with such other and further relief as the Court may deem appropriate, and together with the costs of this proceeding.

**DATED:** March 12, 2021

Respectfully submitted,



**DR. ELIZABETH PLOCHARCZYK**

**HANCOCK ESTABROOK, LLP**

By: 

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## VERIFICATION

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF Tompkins )

DR. ELIZABETH PLOCHARCZYK, being duly sworn, deposes and says that she is a Petitioner in this matter, holding twenty (20) shares of the Corporation, that she has read the foregoing Petition and knows the contents thereof, that the same is true of her own knowledge, and as to those matters she believes it to be true.

  
DR. ELIZABETH PLOCHARCZYK

Sworn to before me this  
21 day of March, 2021

  
Notary Public

Hayden R. Brainard  
Notary Public, State of New York  
No. 02RR6150290  
Qualified in Tompkins County  
Commission Expires 07/24/2022