

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004825

Entity Name: AMERIHEALTH CARITAS SERVICES, LLC

Current Principal Place of Business:

200 STEVENS DRIVE
PHILADELPHIA, PA 19113

Current Mailing Address:

200 STEVENS DRIVE
PHILADELPHIA, PA 19113 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title TREASURER
Name BURGOYNE, MICHAEL J.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name ECKLEY, MARILYN L.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

Title SECRETARY
Name COGGINS, EILEEN M.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

Title PRESIDENT
Name TUFANO, PAUL A.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name TUFANO, PAUL A.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name BOHNER, STEVEN H.
Address 200 STEVENS DRIVE
City-State-Zip: PHILADELPHIA PA 19113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN H. BOHNER

MANAGER

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date