

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005882

**Entity Name:** SINGLECARE SERVICES LLC**Current Principal Place of Business:**99 HIGH ST FLOOR 2800  
BOSTON, MA 02110**Current Mailing Address:**99 HIGH ST FLOOR 2800  
BOSTON, MA 02110 US**FEI Number:** 46-4842351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:** KAITLYN ROSE

04/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ADAMS, BENJAMIN C  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name MULLINS, SARAH  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title MANAGER, AUTHORIZED MEMBER  
Name BATER, RICHARD A  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name PRESTON, BENJAMIN R  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name KERN, JOE  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name KELLY, GREGG  
Address 99 HIGH ST FLOOR 2800  
City-State-Zip: BOSTON MA 02110

Title AUTHORIZED REPRESENTATIVE  
Name KELLY, GREGG  
Address 99 HIGH ST  
SUITE 2800  
City-State-Zip: BOSTON MA 02110

*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:** GREGG KELLY**ANNUAL REPORT SIGNER** 04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date