

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001956

Entity Name: CARELON HEALTH FEDERAL SERVICES, INC.

Current Principal Place of Business:

200 STATE STREET
SUITE 302
BOSTON, MA 02109

FILED
Mar 15, 2024
Secretary of State
1021858414CC

Current Mailing Address:

200 STATE STREET
SUITE 302
BOSTON, MA 02109 US

FEI Number: 45-4238555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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

Officer/Director Detail :

Title TREASURER
Name SCHER, VINCENT EDWARD
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title ASSISTANT TREASURER
Name NOBLE, ERIC KENNETH
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title SECRETARY
Name KIEFER, KATHLEEN SUSAN
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name MACFARLANE, GLENN ANDREW
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name PENCZEK, RONALD WILLIAM
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title ASSISTANT SECRETARY
Name LEINO, NATALIE MACLEAN
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title PRESIDENT
Name MOORE, TERI
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name LEINO, NATALIE MACLEAN
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN SUSAN KIEFER

SECRETARY

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRPERSON
Name MOORE, TERI
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name MOORE, TERI
Address 200 STATE STREET
 SUITE 302
City-State-Zip: BOSTON MA 02109