

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002935

**Entity Name:** CARELON BEHAVIORAL CARE, INC.

**Current Principal Place of Business:**

200 STATE STREET  
SUITE 302  
BOSTON, MA 02109

**Current Mailing Address:**

200 STATE STREET  
SUITE 302  
BOSTON, MA 02109 US

**FEI Number:** 82-5334761

**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 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 PRESIDENT  
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 DIRECTOR  
Name LEINO, NATALIE MACLEAN  
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 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

*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