

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002935

**Entity Name:** BEACON HEALTH OPTIONS CARE SERVICES, INC.

**FILED**  
**Feb 25, 2023**  
**Secretary of State**  
**8622343667CC**

**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           DIRECTOR  
Name           ARMATAS, NANCY ANN  
Address        200 STATE STREET  
                  SUITE 302  
City-State-Zip: BOSTON MA 02109

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

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

Title           SECRETARY  
Name           KIEFER, KATHLEEN  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title           DIRECTOR  
Name           PENCZEK, RONALD WILLIAM  
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: KIEFER, KATHLEEN SUSAN**

**SECRETARY**

**02/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date