

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002935

Entity Name: BEACON HEALTH OPTIONS CARE SERVICES, INC.

FILED
Feb 22, 2019
Secretary of State
8467954449CC

Current Principal Place of Business:

1400 CROSSWAYS BLVD
SUITE 101
CHESAPEAKE, VA 23320

Current Mailing Address:

1400 CROSSWAYS BLVD
SUITE 101
CHESAPEAKE, VA 23320 US

FEI Number: 82-5334761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, DIRECTOR
Name PETRELLA, RUSSELL C. PHD
Address 200 STATE ST
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title SECRETARY, DIRECTOR
Name RISKU, DANIEL M.
Address 200 STATE ST
 SUITE 302
City-State-Zip: BOSTON MA 02109

Title ASST. TREASURER
Name MARSHALL, REBECCA L.
Address 1400 CROSSWAYS BLVD
 SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

Title ASST. SECRETARY
Name WHITE, REBECCA
Address 1400 CROSSWAYS BLVD
 SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

Title TREASURER, DIRECTOR
Name JUSTICE, THURMAN
Address 1400 CROSSWAYS BLVD
 SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

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: DANIEL M. RISKU

SECRETARY

02/22/2019

Electronic Signature of Signing Officer/Director Detail

Date