## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002935

Entity Name: BEACON HEALTH OPTIONS CARE SERVICES, INC.

FILED
May 01, 2020
Secretary of State
1924382583CC

## **Current Principal Place of Business:**

1400 CROSSWAYS BLVD STE 101 CHESAPEAKE. VA 23320

## **Current Mailing Address:**

1400 CROSSWAYS BLVD STE 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 ASSISTANT SECRETARY Title DIRECTOR

Name RISKU, DANIEL M K Name WAGNER, JAY

Address 200 STATE ST STE 302 Address 1400 CROSSWAYS BLVD STE 101

City-State-Zip: BOSTON MA 02109 City-State-Zip: CHESAPEAKE VA 23320

Title DIRECTOR Title DIRECTOR, PRESIDENT

Name PATEL, PRAKASH Name COAKLEY, SUSAN

Address 1400 CROSSWAYS BLVD STE 101 Address 1400 CROSSWAYS BLVD STE 101

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title TREASURER

Name SCHER, VINCENT E

Address 1400 CROSSWAYS BLVD STE 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 ASSISTANT SECRETARY 05/01/2020