

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

Entity Name: APS HEALTHCARE BETHESDA, INC.**Current Principal Place of Business:**777 EAST PARK DRIVE
HARRISBURG, PA 17111**Current Mailing Address:**777 EAST PARK DRIVE
HARRISBURG, PA 17111 US**FEI Number:** 42-1413902**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	CEO, PRESIDENT, DIRECTOR
Name	WEAVER, SUSAN
Address	777 EAST PARK DRIVE
City-State-Zip:	HARRISBURG PA 17111

Title	COO, DIRECTOR, EVP
Name	HARRIS, MEGHAN
Address	777 EAST PARK DRIVE
City-State-Zip:	HARRISBURG PA 17111

Title	CCO, SECRETARY, DIRECTOR
Name	LEIGH, MELISSA
Address	777 EAST PARK DRIVE
City-State-Zip:	HARRISBURG PA 17111

Title	CFO, DIRECTOR, TREASURER
Name	BAJAJ, VIKRAM
Address	777 EAST PARK DRIVE
City-State-Zip:	HARRISBURG PA 17111

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: MELISSA LEIGH**SECRETARY****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date