

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004447

Entity Name: THE AMERIHEALTH AGENCY, INC.**Current Principal Place of Business:**1901 MARKET STREET
PHILADELPHIA, PA 19103**Current Mailing Address:**1700 MARKET STREET
SUITE 700
PHILADELPHIA, PA 19103 US**FEI Number:** 23-2522508**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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 VICE PRESIDENT AND TREASURER
Name LOPEZ, JUAN
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name NEESON, RICHARD J
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title VP
Name MAYFIELD, BRETT A.
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title VP, TAX
Name ROBINSON, GEORGE KENNETH
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title PRESIDENT, CEO, AND DIRECTOR
Name SULLIVAN, MICHAEL W
Address 1900 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title SECRETARY
Name TALIAFERRO, LILTON R JR.
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title ASSISTANT SECRETARY
Name LEVINS, RICHARD F
Address 1901 MARKET STREET
City-State-Zip: PHILADELPHIA PA 19103

Title VP, SALES AND MARKETING
Name FOLEY, DENNIS
Address 1900 MARKET STREET
SUITE 500
City-State-Zip: PHILADELPHIA PA 19103

Continues on page 2

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: LILTON R. TALIAFERRO, JR.**SECRETARY****04/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GALARNEAU, KATHRYN
Address	1901 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103