

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700000011

Entity Name: BEACON HEALTH STRATEGIES, LLC

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: 04-3324848

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

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED PERSON, SECRETARY
Name	BEACON HEALTH FINANCING, LLC	Name	KIEFER, KATHLEEN SUSAN
Address	200 STATE STREET SUITE 302	Address	200 STATE STREET SUITE 302
City-State-Zip:	BOSTON MA 02109	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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, 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 Authorized Person(s) Detail

Date