

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0700000011

**Entity Name:** CARELON BEHAVIORAL 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	SECRETARY	Title	MANAGER
Name	KIEFER, KATHLEEN SUSAN	Name	BEACON HEALTH FINANCING LLC
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:** KATHLEEN SUSAN KIEFER

**SECRETARY**

**03/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date