

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004825

**Entity Name:** AMERIHEALTH CARITAS SERVICES, LLC

**Current Principal Place of Business:**

200 STEVENS DRIVE  
PHILADELPHIA, PA 19113

**Current Mailing Address:**

200 STEVENS DRIVE  
PHILADELPHIA, PA 19113 US

**FEI Number:** NOT APPLICABLE

**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

**Authorized Person(s) Detail :**

Title           TREASURER  
Name           BURGOYNE, MICHAEL J.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           ECKLEY, MARILYN L.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

Title           SECRETARY  
Name           COGGINS, EILEEN M.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

Title           PRESIDENT  
Name           TUFANO, PAUL A.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           TUFANO, PAUL A.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           BOHNER, STEVEN H.  
Address        200 STEVENS DRIVE  
City-State-Zip: PHILADELPHIA PA 19113

*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:** STEVEN H. BOHNER

**MANAGER**

**04/22/2021**

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

\_\_\_\_\_  
Date