

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28860

Entity Name: BEACON HEALTH OPTIONS, INC.**Current Principal Place of Business:**240 CORPORATE BLVD.
NORFOLK, VA 23502**Current Mailing Address:**240 CORPORATE BLVD.
NORFOLK, VA 23502**FEI Number: 54-1414194****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	S
Name	RISKU, DANIEL M
Address	200 STATE STREET
City-State-Zip:	BOSTON MA 02109

Title	PRESIDENT
Name	MURPHY, TIMOTHY R
Address	200 STATE STREET
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	RISKU, DANIEL M
Address	200 STATE STREET
City-State-Zip:	BOSTON MA 02109

Title	AS
Name	WHITE, REBECCA H
Address	240 CORPORATE BLVD.
City-State-Zip:	NORFOLK VA 23502

Title	DIRECTOR
Name	MURPHY, TIMOTHY R
Address	200 STATE STREET
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR, TREASURER
Name	CAPELLO, JEFFREY D.
Address	200 STATE STREET
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 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: DANIEL MARK RISKU**SECRETARY****03/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date