

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P28860

**Entity Name:** BEACON HEALTH OPTIONS, INC.**Current Principal Place of Business:**1400 CROSSWAYS BLVD STE 101  
CHESAPEAKE, VA 23320**Current Mailing Address:**1400 CROSSWAYS BLVD STE 101  
CHESAPEAKE, VA 23320 US**FEI Number: 54-1414194****Certificate of Status Desired: No****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	ASSISTANT SECRETARY
Name	RISKU, DANIEL M
Address	200 STATE STREET STE 302
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	WAGNER, JAY
Address	1400 CROSSWAYS BLVD STE 101
City-State-Zip:	CHESAPEAKE VA 23320

Title	SECRETARY
Name	KIEFER, KATHLEEN S
Address	1400 CROSSWAYS BLVD STE 101
City-State-Zip:	CHESAPEAKE VA 23320

Title	DIRECTOR
Name	PATEL, PRAKASH
Address	1400 CROSSWAYS BLVD STE 101
City-State-Zip:	CHESAPEAKE VA 23320

Title	DIRECTOR, PRESIDENT
Name	COAKLEY, SUSAN
Address	1400 CROSSWAYS BLVD STE 101
City-State-Zip:	CHESAPEAKE VA 23320

Title	TREASURER
Name	SCHER, VINCENT E
Address	1400 CROSSWAYS BLVD STE 101
City-State-Zip:	CHESAPEAKE VA 23320

*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 M RISKU****ASSISTANT SECRETARY 05/01/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date