

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28860

Entity Name: BEACON HEALTH OPTIONS, INC.**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:** 54-1414194**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

Officer/Director Detail :

Title DIRECTOR
Name ARMATAS,, NANCY ANN
Address 200 STATE STREET, SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR, PRESIDENT
Name MACFARLANE, GLENN ANDREW
Address 200 STATE STREET, SUITE 302
City-State-Zip: BOSTON MA 02109

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 200 STATE STREET, SUITE 302
City-State-Zip: BOSTON MA 02109

Title TREASURER
Name SCHER, VINCENT E
Address 200 STATE STREET, SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name PENCZEK, RONALD WILLIAM
Address 200 STATE STREET, SUITE 302
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: KIEFER, KATHLEEN SUSAN**SECRETARY****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date