

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000048033

Entity Name: INVENTIV HEALTH CLINICAL SRS, LLC**Current Principal Place of Business:**1001 PALM AVE.
TAMPA, FL 33605**Current Mailing Address:**1 VAN DE GRAFF DRIVE
6TH FLOOR
BURLINGTON, MA 01803**FEI Number:** 26-3478160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGR
Name	BICKNELL, JONATHAN
Address	1 VAN DE GRAFF DRIVE 6TH FLOOR
City-State-Zip:	BURLINGTON MA 01803

Title	MGR
Name	GREEN, ERIC R
Address	1 VAN DE GRAFF DRIVE 6TH FLOOR
City-State-Zip:	BURLINGTON MA 01803

Title	PRESIDENT
Name	DEARHAMMER, GREGG
Address	5430 DATA COURT SUITE 200
City-State-Zip:	ANN ARBOR MI 48108

Title	VP
Name	TIERNEY, JOHN
Address	504 CARNEGIE CENTER
City-State-Zip:	PRINCETON NJ 08540

Title	VP
Name	MOORE, JESSE
Address	1 VAN DE GRAFF DRIVE 6
City-State-Zip:	BURLINGTON MA 01803

Title	ASSISTANT SECRETARY
Name	MONTAGUE, LISA
Address	1001 PALM AVENUE,
City-State-Zip:	TAMPA FL 33605

Title	VP
Name	HOFFMAN, STEPHEN
Address	504 CARNEGIE CENTER
City-State-Zip:	PRINCETON NJ 08540

Title	VP
Name	HANBURY, TREVOR
Address	504 CARNEGIE CENTER
City-State-Zip:	PRINCETON NJ 08540

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: JESSE R. MOORE

VICE PRESIDENT

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date