

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001301

**Entity Name:** ICON CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

2100 PENNBROOK PKWY  
NORTH WALES, PA 19454

**Current Mailing Address:**

2100 PENNBROOK PKWY  
NORTH WALES, PA 19454

**FEI Number:** 23-2689156

**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 MEMBER  
Name ICON US HOLDINGS INC.  
Address 2100 PENNBROOK PKWY  
City-State-Zip: NORTH WALES PA 19454

*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:** DIARMAID CUNNINGHAM

**SECRETARY**

**03/30/2017**

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

\_\_\_\_\_ Date