

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002183

Entity Name: HEALTH SCIENCE COMMUNICATIONS LLC**Current Principal Place of Business:**220 EAST 42ND STREET 11TH FLOOR
NEW YORK, NY 10017**Current Mailing Address:**220 EAST 42ND STREET 11TH FLOOR
NEW YORK, NY 10017 US**FEI Number:** 26-2518291**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 MANAGER, SECRETARY, VICE
PRESIDENT
Name WALKER, JOHN
Address 220 EAST 42ND STREET 11TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT SECRETARY, ASSISTANT
VICE PRESIDENT
Name JONES, KATHLEEN M
Address 220 EAST 42ND STREET 11TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title MANAGER, CEO
Name D'AURIA, MATT
Address 220 EAST 42ND STREET 11TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title CFO, SENIOR VICE PRESIDENT OF
FINANCE
Name WEEMS, MICHAEL
Address 220 EAST 42ND STREET 11TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT SECRETARY
Name SCHATZMAN, JENNIFER L
Address 220 EAST 42ND STREET 11TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name LARSON, MICHAEL
Address 488 MADISON AVENUE
City-State-Zip: NEW YORK NY 10022

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: KATHLEEN M. JONES**ASSISTANT SECRETARY** 04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date