

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002183

**Entity Name:** HEALTH SCIENCE COMMUNICATIONS LLC**Current Principal Place of Business:**488 MADISON AVENUE  
NEW YORK, NY 10022**Current Mailing Address:**488 MADISON AVENUE  
NEW YORK, NY 10022 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 MGR, SECRETARY  
Name GANGI, CRAIG  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title MGR  
Name ADAMS, DALE A  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name KIELTY, BRIAN  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title ASST. SECRETARY  
Name JONES, KATHLEEN M  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title ASST. SECRETARY  
Name SCHATZMAN, JENNIFER L  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title SVP OF FINANCE  
Name WEEMS, 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:** CRAIG GANGI**SECRETARY****01/20/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date