

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500004703

**FILED
Jan 13, 2017
Secretary of State
CC7197578068**

Entity Name: SYMPLMED PHARMACEUTICALS, LLC

Current Principal Place of Business:

5375 MEDPACE WAY
CINCINNATI, OH 45227

Current Mailing Address:

5375 MEDPACE WAY
CINCINNATI, OH 45227

FEI Number: 37-1733497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROENDLE, AUGUST
1492 CORONA LANE
VERO BEACH, FL 32963 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 | P | Title | CL/S |
| Name | EMERSON, ERIK | Name | EWALD, STEPHEN P |
| Address | 5375 MEDPACE WAY | Address | 5375 MEDPACE WAY |
| City-State-Zip: | CINCINNATI OH 45227 | City-State-Zip: | CINCINNATI OH 45227 |

Title CMGR
 Name TROENDLE, AUGUST J
 Address 1492 CORONA LANE
 City-State-Zip: VERO BEACH FL 32963

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: STEPHEN EWALD

**CHIEF LEGAL
OFFICER/CORPORATE
SECRETARY**

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date