

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000983

Entity Name: HAVAS HEALTH, INC.**Current Principal Place of Business:**200 HUDSON STREET
NEW YORK, NY 10013**Current Mailing Address:**200 HUDSON STREET
NEW YORK, NY 10013 US**FEI Number: 13-3035474****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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MURPHY, DONNA
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title VP, CFO
Name LIDDELL, GARY
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title VP
Name MANGANO, FRANK
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR
Name LAROZE, FRANCOIS
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name DUROCHER, GAETAN
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title VP, TREASURER, DIRECTOR
Name MATRISCIANO, ELIZABETH
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

Title SECRETARY, VP
Name WYNNE, NANCY
Address 200 HUDSON STREET
City-State-Zip: NEW YORK NY 10013

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH MATRISCIANO**TREASURER****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date