

2019 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	VC/P
Name	MURPHY, DONNA
Address	200 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10016

Title	VP
Name	LIDDELL, GARY
Address	200 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10016

Title	S
Name	WYNNE, NANCY ESQ.
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
Name	DUROCHER, GAETAN
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	VP, TREASURER
Name	MATRISCIANO, ELIZABETH
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****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date