

**2014 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	D
Name	BURCIN, DOUG
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	350 HUDSON STREET
City-State-Zip:	NEW YORK NY 10014

*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: NANCY WYNNE****SECRETARY****02/11/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date