

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000022

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SAATCHI & SAATCHI HEALTHCARE COMMUNICATIONS, INC.

**Current Principal Place of Business:**

375 HUDSON STREET  
NEW YORK, NY 10014

**New Principal Place of Business:**

**Current Mailing Address:**

375 HUDSON STREET  
NEW YORK, NY 10014

**New Mailing Address:**

FEI Number: 11-3667159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: AS ( ) Delete  
Name: YOUNG, HEIDI  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014

Title: CPD ( ) Delete  
Name: TREPICCHIO, MICHAEL  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014

Title: VAS ( ) Delete  
Name: THORSON, SONDR A  
Address: 35 WEST WACKER DRIVE, 20TH FLOOR  
City-St-Zip: CHICAGO, IL 60601

Title: VSD ( ) Delete  
Name: LEWIS, STEVEN E  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014

Title: VATD ( ) Delete  
Name: WESTPHAL, ROBERT S  
Address: 79 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10016

Title: VT ( ) Delete  
Name: MEEHAN, RICHARD W  
Address: 79 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK MCGRATH

POA

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date