2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000022

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: SAATCHI & SAATCHI HEALTHCARE COMMUNICATIONS, INC.

FILED Mar 23, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:			
	SON STREET RK, NY 10014					
Current Mailing Address:			New Mailing Address:			
	SON STREET RK, NY 10014					
FEI Number	: 11-3667159	FEI Number Applied For()	FEI Number Not Appl	cable () Certifica	te of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Reg	istered Agent:	
1200 SOU	ORATION SYS TH PINE ISLAI ION, FL 33324	ND RD.				
	named entity s e of Florida.	submits this statement for the	ourpose of changing i	s registered office or r	egistered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DIR () COLUCCI, NICH 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	CEO (X) Change TREPICCHIO, MICHAEL 375 HUDSON STREET NEW YORK, NY 10014		
Title: Name: Address: City-St-Zip:	TCFO () DAY, MICHAEL 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	VP (X) Change GARREAUD, ANN J VP 1675 BROADWAY NEW YORK, NY 10019	() Addition	
Title: Name: Address: City-St-Zip:	VP () GARREAUD, AN 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	TREA (X) Change MICHAEL, DAY TREA 375 HUDSON STREET NEW YORK, NY 10014	() Addition	
Title: Name: Address: City-St-Zip:	VPAT () WESTPHAL, RO 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: Citv-St-Zip:	SEC (X) Change THORSON, SONDRA J SI 375 HUDSON STREET NEW YORK, NY 10014		

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANNE MEYER POA 03/23/2009

VPS () Delete THORSON, SONDRA J VPS

() Delete

TREPICCHIO, MICHAEL CEOP

375 HUDSON STREET

NEW YORK, NY 10014

375 HUDSON STREET

NEW YORK, NY 10014

CEOP

(X) Change () Addition

(X) Change () Addition

COLUCCI, NICHOLAS DIR

1675 BROADWAY NEW YORK, NY 10019

1675 BROADWAY

GARREAUD, ANN DIR

NEW YORK, NY 10019