

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111918

**Entity Name:** PHARMANET/I3 STRATEGIC RESOURCING FLEX, LLC

**Current Principal Place of Business:**

1001 EAST PALM AVE  
TAMPA, FL 33605

**Current Mailing Address:**

1 VAN DE GRAAFF DRIVE  
6TH FLOOR  
BURLINGTON, MA 01803 US

**FEI Number:** 26-3478719

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGR  
Name DEARHAMMER, GREGG  
Address 1 VAN DE GRAAFF DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title MGR  
Name MASSARO, JOSEPH R  
Address 1 VAN DE GRAAFF DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title MGR  
Name IVERS, MICHAEL  
Address 1 VAN DE GRAAFF DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title MGRM  
Name SHERBET, ERIC M  
Address 1 VAN DE GRAAFF DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title MGRM  
Name MOORE, JESSE  
Address 1 VAN DE GRAAFF DRIVE  
City-State-Zip: BURLINGTON MA 01803

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC SHERBET

**SECRETARY**

**06/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date