

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004289

Entity Name: INVENTIV HEALTH CLINICAL SRE, LLC

Current Principal Place of Business:

1025 GREENWOOD BLVD
STE 285
LAKE MARY, FL 32746

Current Mailing Address:

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

FEI Number: 87-0735158

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

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

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

Title VP
Name HOFFMAN, STEPHEN
Address 1 VAN DE GRAAFF DRIVE
6TH FLOOR
City-State-Zip: BURLINGTON MA 01803

Title VICE PRESIDENT AND TREASURER
Name VEITH, RICHARD
Address 1 VAN DE GRAAFF DRIVE
6TH FLOOR
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

**VICE PRESIDENT AND
SECRETARY**

06/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date