#### 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004289

Entity Name: INVENTIV HEALTH CLINICAL SRE, LLC

Jan 10, 2018 Secretary of State CC2871273586

**FILED** 

# **Current Principal Place of Business:**

470 ATLANTIC AVENUE BOSTON. MA 02210

## **Current Mailing Address:**

470 ATLANTIC AVE BOSTON, MA 02210 US

FEI Number: 87-0735158 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

### Authorized Person(s) Detail:

Title MANAGER
Name MOORE, JESSE

Address 470 ATLANTIC AVENUE

C/O INVENTIV HEALTH INC 11TH

**FLOOR** 

City-State-Zip: BOSTON MA 02210

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSE MOORE MANAGER 01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date