## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002330

Entity Name: SYNEOS HEALTH, LLC

**Current Principal Place of Business:** 

1030 SYNC STREET MORRISVILLE, NC 27560

Current Principal Place of Business

**Current Mailing Address:** 

1030 SYNC STREET MORRISVILLE. NC 27560 US

FEI Number: 33-0723120 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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

FILED Apr 24, 2023

**Secretary of State** 

4340322029CC

Authorized Person(s) Detail:

Title MEMBER Title DIRECTOR

NameSYNEOS HEALTH CLINICAL, INC.NameKRALOWETZ, DONNAAddress1030 SYNC STREETAddress1030 SYNC STREETCity-State-Zip:MORRISVILLE NC 27560City-State-Zip:MORRISVILLE NC 27560

Title DIRECTOR Title DIRECTOR

NameBROOKS, MICHAELNameOLEFSON, JONATHANAddress1030 SYNC STREETAddress1030 SYNC STREETCity-State-Zip:MORRISVILLE NC 27560City-State-Zip:MORRISVILLE NC 27560

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: JONATHAN OLEFSON

DIRECTOR, BY LYNNETTE 04/24/2023 PENALBERT, ATTORNEY-IN-FACT