

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001301

**Entity Name:** ICON CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

731 ARBOR WAY  
SUITE 100  
BLUE BELL, PA 19422

**Current Mailing Address:**

731 ARBOR WAY  
SUITE 100  
BLUE BELL, PA 19422 US

**FEI Number:** 23-2689156

**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 MEMBER  
Name ICON US HOLDINGS INC.  
Address 731 ARBOR WAY  
SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title AUTHORIZED PERSON  
Name MCMILLAN, GEORGE  
Address 2100 PENNBROOK PARKWAY  
City-State-Zip: NORTH WALES PA 19454

*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:** GEORGE MCMILLAN

**AUTHORIZED PERSON**

**01/26/2025**

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

\_\_\_\_\_  
Date