

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000006572

Entity Name: UBM MEDICA GROUP LLC**Current Principal Place of Business:**535 CONNECTICUT AVENUE
NORWALK, CT 06854**Current Mailing Address:**535 CONNECTICUT AVENUE
NORWALK, CT 06854 US**FEI Number:** 51-0407619**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 DIRECTOR, SECRETARY, VP
Name MACKERLEY, ANNMARIE
Address 2 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10121

Title ASST. SECRETARY
Name MORALES, MIRIAM
Address 2 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10121

Title DIRECTOR
Name SHAMASH, AHARON
Address 535 CONNECTICUT AVENUE
City-State-Zip: NORWALK CT 06854

Title DIRECTOR
Name DAY, JENNIFER
Address 535 CONNECTICUT AVENUE
City-State-Zip: NORWALK CT 06854

Title MANAGER
Name RUSSAK, MICHAEL A JR
Address 1983 MARCUS AVENUE
SUITE 250
City-State-Zip: LAKE SUCCESS NY 11042

Title VP
Name BLANK, JOSHUA
Address 303 SECOND STREET
City-State-Zip: SAN FRANCISCO CA 94107

Title COO, DIRECTOR
Name FIELD, BRIAN
Address 535 CONNECTICUT AVENUE
City-State-Zip: NORWALK CT 06854

Title DIRECTOR
Name PINZONE, KERI
Address 600 COMMUNITY DRIVE
City-State-Zip: MANHASSET NY 11030

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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: ANNMARIE MACKERLEY**SECRETARY****01/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CEO, DIRECTOR
Name SHANKLAND, SALLY
Address 2 PENN PLAZA
 15TH FLOOR
City-State-Zip: NEW YORK NY 10121

Title SENIOR VICE PRESIDENT
Name LISOWSKI, STACEY
Address 535 CONNECTICUT AVENUE
City-State-Zip: NORWALK CT 06854

Title VP
Name ALTSCHUL, SARA
Address 350 HUDSON STREET
 SUITE 300
City-State-Zip: NEW YORK NY 10014