RALPH MOIL	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Secretary of State	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000140564</u>			
2. Exact Name of the Limited Liability Company WellHealth Clinical Research, LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MEDICAL CLINICAL RESEARCH AND ANY OTHER			
LAWFUL BUSINESS			
5. Principal Office Address			
No. and Street: <u>100 JE</u> <u>SUITE</u>	EFFERSON BOULEVARD		
City or Town: WARY	<u>WICK</u>	State: <u>RI</u> Zip: <u>02888</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:JOHNNA PEZZULLO Contact Title:No. and Street:32 HUMMINGBIRD LANECity or Town:CRANSTONState: RIZip: 02921Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Co	de, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 JOEL K. GERSTENBLATT, ESQ. 100 JEFFERSON BOULEVARD, SUITE 315 WARWICK , RI 02888-			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 7 Day of September, 2013 at 12:09:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOEL K. GERSTENBLATT

Signature of Authorized Person

Form No. 632 Revised 09/07

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