

# F180000919403

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)290-3338  
Fax Number : (954)208-0545

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Centaur Pharmaceuticals, Private Limited**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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18 MAR 22 AM 10:09

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

HONOR ORIGINAL DATE 03-22-18

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APR 13 2018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CENTAUR PHARMACEUTICALS PVT. LTD. Incorporated

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Centaur Pharmaceuticals Pvt. Ltd. Incorporated.

(If name unavailable in Florida, enter alternate corporate name adapted for the purpose of transacting business in Florida)

2. India (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 10-15-1980 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Plot No 4 International Biotech Park Phase II, Hinjewadi, Pune, Maharashtra, India 411057 (Principal office address)

5311 NW 35th Terrace, Fort Lauderdale, FL 33309 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C.T Corporation System

By: [Signature] Christine Kelm Assistant Secretary (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors.

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Dr. Smuta A. Phal

Address:

Centaur Pharmaceuticals Pvt. Ltd., Centaur House, Near Grand Hyatt, Shantinagar, Vakola, Santacruz (East),

Director:

Mumbai - 400055, India

Address:

B. OFFICERS

President:

Dr. Jayashree G. Sawant

Address:

Centaur Pharmaceuticals Pvt. Ltd., Centaur House, Near Grand Hyatt, Shantinagar, Vakola, Santacruz (East), Mumbai - 400055, India

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for, in s. 817.135, F.S.

13.

Dr. Smuta A. Phal, DIRECTOR

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DEPARTMENT OF CORPORATIONS  
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**pharmexcil**

**PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA**

(Setup) By Ministry of Commerce & Industry, Government of India)

Ref: PXL/HO/2017-18/26

Date: 19-04-2017

M/s. Centaur Pharmaceuticals Pvt. Ltd.  
Centaur House, Shanti Nagar, Vokola, Santacruz (E)  
Mumbai  
Maharashtra - 400055

Dear Sir/Madam,

Sub: Your RCMC No: PXL/LSM/1-II/RO/5564/2010-11

We acknowledge with thanks the receipt of your No:N109170277897653 dated 19.04.2017 for Rs.41400.00 vide our Receipt No.PXL/HO/2017-18/26 dated 19.04.2017 towards subscription fees for the year 2017-18

In View of your payment of subscription fees, your RCMC is renewed and now valid up to 31st March 2018 Kindly keep this letter along with the RCMC and produce the same whenever required.

Yours Sincerely,

Udaya Bhaskar  
Director General



Renewed for the year 2017-18



CC:Jt. Director General(Foreign Trade) Regional

Regd./ Head Office : 101, Aditya Trade Center, Anandpur, Hyderabad - 500 036, India. Ph : + 91-40-23735462 / 66, Fax : + 91-40-23735464, E-mail : info@pharmexcil.com

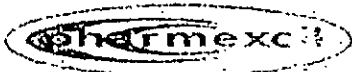
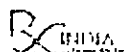
Regional Office - Mumbai :  
17 Industrial Estate, Unit No 211, 2nd Floor,  
4th & 5th, ANA Marg, Worli, Mumbai - 400 032  
Ph: 91-22-24134750/51/52/53,  
Fax: 91-22-24933821  
E-mail: mumbai@pharmexcil.com

Regional Office - New Delhi :  
H-28, 2nd Floor, 23 Himalaya House,  
K.G. Marg, Connaught Place,  
New Delhi - 110 001,  
Ph: 91-11-43091071 / 43062653,  
Fax: 91-11-41536658  
E-mail: newdelhi@pharmexcil.com

Branch Office - Ahmedabad :  
7-C, Trade Centre,  
Near Stadium Cross Road,  
Navrangpura, Ahmedabad - 380 099,  
Ph: 91-79-4009949,  
E-mail: ahmedabad@pharmexcil.com

Branch Office - Bangalore :  
3-8, 3rd & 4th Floors Apartment,  
44/1, ASB, Fieldfield Layout,  
Pooje Durga Road, Bangalore - 560001  
Ph: + 91-43-22204323 / 41136159  
E-mail: bangalore@pharmexcil.com

Branch Office - Chennai :  
A8 - Basement, Balu Mitra Clinic,  
16, Anna Salai, Little Mount,  
Saidapet, Chennai - 600 013  
Ph: + 91-44-42029474 / 22500223  
E-mail: chennai@pharmexcil.com



# HARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA

(Setup by Ministry of Commerce & Industry, Govt. of India)

Regd. / Head Office : 101, Aditya Trade Centre, Ameerpet, Hyderabad - 500 038. Tel No. 23735462, 23735466, Fax : 23735454

## REGISTRATION CUM MEMBERSHIP CERTIFICATE

**5564**

PART - I (To be filled in by the applicant)	PART - II (To be filled in by the Registering Authority)
1. Name and Address of the applicant Centaur Pharmaceuticals Pvt. Ltd., Centaur House, Shanti Nagar, Vakola, Santacruz (East) 2. IEC Number: 9394004281 3. Pan Number: AAACC0844K 4. Address of the (i) Head Office Centaur House, Shanti Nagar, Vakola, Santacruz (East), Mumbai 400 055. (ii) Registered Office : Same as above (iii) Branch Office : (iv) Factory : As per attached list 5. Year of establishment : 1980 6. Description of export product(s) for which registration is sought. Drugs, Pharmaceuticals & Fine Chemicals 7. Whether registration is required as Merchant exporter or Manufacturer exporter. Large Scale Manufacturer Exporter 8. Name of the Proprietor / Partner / Directors / Managing Director, Mr. Shivanand Dattatraya Sawant	CENTAUR PHARMACEUTICALS PVT. LTD. This is to certify that M/s CENTAUR HOUSE, SHANTI NAGAR, VAKOLA, SANTACRUZ (E), MUMBAI - 400 055 is registered with us. Other details as per our records are as under : (i) Description of goods for which registered PHARMACEUTICAL FORMULATIONS BULK DRUGS AND DRUG INTERMEDIATES (ii) Registration number PXL/SMA-II/RO/CPPL/5564/2010-11 (iii) Manufacturer exporter or Merchant exporter LARGE SCALE MANUFACTURER (iv) Name(s) of Proprietor / Partner (s) Director (s) Karan Mr. Shivanand Dattatraya Sawant - Director Dr. Shrikant Dattatraya Sawant - Director Dr. Anil Mahadoo Ralk - Director Dr. (Mrs.) Smita Abhayakumar Phal - Director Mrs. Rakhi Shridhar Kadam - Director
I/We hereby declare that the above information is correct to the best of my / our knowledge and belief. I/We undertake to abide by the conditions, subject to which registration / membership is (Signature) Name in Block Letters NITIN W. MOHITE Designation Asst. Manager - Export Residential Address Krishna Sec. Bldg No. 11/10, Plot No. 02, Nagari Niwaz Parishad, Film City Road, Goregaon (E), Mumbai - 400 065 Place : Date :	This certificate is issued subject to the conditions laid down in the relevant scheme of registration of this Council. (Signature) RAGHUVIYER KINI EXECUTIVE DIRECTOR Valid upto 31-03-2020 Date of issue 29-06-2015

1. This Certificate is valid for five years unless renewed or extended earlier, subject to the condition that membership with the Council is renewed every year.  
 2. One of the conditions of the Certificate is that the Registered Exporter is required to send to this Council a quarterly statement of his exports, failing which the certificate could be cancelled.  
 3. The Certificate covers all the product groups covered by this Council.

Asst. Manager (Export)



## PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA

(Setup by Ministry of Commerce & Industry, Govt. of India)

Regd. / Head Office : 101, Aditya Trade Center, Ameerpet, Hyderabad - 500 038 Ph: +91-40-23735482 / 66 Fax: +91-40-23735464 E-Mail: info@pharmexcil.com

Ref: PHARMEXCIL/RO/RCMC/0194/15-16

June 29<sup>th</sup>, 2015

Mr. Nitin W. Mohite  
Asst. Manager - Export  
M/s. Centaur Pharmaceuticals Pvt. Ltd.  
Centaur House, Shanti Nagar,  
Vakola, Santacruz (E),  
Mumbai - 400 055  
Maharashtra

Dear Sir,

Sub: Registration-cum-Membership for PHARMEXCIL

With reference to your application for membership in PHARMEXCIL and also your application for RCMC, we are glad to inform you that your application has been accepted. We enclose herewith the Original RCMC as detailed here below:

Category of membership	: Ordinary / Associate
Panel No.	: I-II
RCMC No. & date	: PXL/LSM/I-II/RO/CPPL/5564/2010-11
Validity up to	: 31 <sup>st</sup> March 2020
Renewed up to	: 31 <sup>st</sup> March 2016
Membership Renewal due on	: 1 <sup>st</sup> April 2016

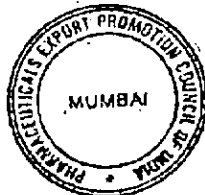
We are happy to inform you that PHARMEXCIL has initiated several measures for promotion of exports of Pharmaceuticals. As a valued member, it is our endeavor to provide full cooperation and guidance to your company. Please send suggestions, if any, and contact us for any assistance on this subject.

You are required to submit quarterly export returns as per format given in Appendix - 19 C in terms of Foreign Trade Policy - Hand Book of Procedures (Vol. 1) as prescribed in para 2.70.

Kindly acknowledge the receipt of this IMPORTANT DOCUMENT.

Thanking you

*[Signature]*  
29/06/15  
Raghuveer Kini  
Executive Director



Encl: as above.

Certified True Copy  
For Centaur Pharmaceuticals Pvt. Ltd.

Copy to:

The Joint Director General of Foreign Trade, Regional Office, Mumbai

Asst. Manager (Exports)

Regional Office - Mumbai:  
TV Industrial Estate, Unit No. 211, 2nd Floor,  
248-A S K. Apte Marg, Worli, Mumbai - 400 036.  
Ph: 91-22-24938750/51/52/53 Fax: 91-22-24938822  
E-mail: ro.mumbai@pharmexcil.com

Regional Office - New Delhi:  
305, Preeti Tower II, 22, Hazratganj Place,  
New Delhi - 110 008  
Ph: 91-11-41536654 / 41536655 Fax: 91-11-41536658  
E-mail: ro.delhi@pharmexcil.com

Branch Office - Ahmedabad:  
7-C, Trade Centre, Near Stadium Cross Road,  
Navarangpura, Ahmedabad - 380 005.  
Ph: 91-79-40053457  
E-mail: bo.ahmedabad@pharmexcil.com

850-617-6381

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April 11, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT

SUBJECT: CENTAUR PHARMACEUTICALS PVT. LTD.  
REF: W18000034050

We have received your document for CENTAUR PHARMACEUTICALS PVT. LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As stated in the previous rejection letter, you did list the business name as it appears on the certificate of existence. However, you must include corporate suffix after the word LTD.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H18000091940  
Letter Number: 318A00007315

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314