

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000091878

**Entity Name:** GEMIL PHARMA, INC.

**Current Principal Place of Business:**

677 NORTH WASHINGTON BLVD  
#57  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 50774  
SARASOTA, FL 34232 US

**FEI Number: 36-4976837**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

USA LICENSE BROKERAGE & AGENCY INLT., LLC.  
677 N WASHINGTON BLVD  
SARASOTA, FL 34236 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

**Officer/Director Detail :**

Title	PTD	Title	VPSD
Name	HERCZKU, MILAN	Name	GEMIL PHARMA ZRT
Address	677 N WASHINGTON BLVD	Address	FURJ UTCA 2
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	BUDAPEST HU 1124

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERCZKU MILAN

PTD

03/14/2021

Electronic Signature of Signing Officer/Director Detail

Date