

**2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B11000000249

**Entity Name:** PROSOLUS PHARMACEUTICALS LP

**Current Principal Place of Business:**

6701 NW 7TH STREET  
SUITE 165  
MIAMI, FL 33126

**Current Mailing Address:**

6701 NW 7TH STREET  
SUITE 165  
MIAMI, FL 33126

**FEI Number:** 80-0656818

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**General Partner Detail :**

Document # F11000004960  
Name PROSOLUS PHARMACEUTICALS  
CORPORATION  
Address 1442 POTTSTOWN PIKE  
#196  
City-State-Zip: WEST CHESTER PA 19380

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN A. MANTELLE

**CEO**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date