

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006010

**Entity Name:** BIOTEST PHARMACEUTICALS CORPORATION**Current Principal Place of Business:**5800 PARK OF COMMERCE BLVD. NW  
BOCA RATON, FL 33487**Current Mailing Address:**5800 PARK OF COMMERCE BLVD. NW  
BOCA RATON, FL 33487**FEI Number:** 26-1251037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR

Name RAMROTH, MICHAEL

Address 5800 PARK OF COMMERCE BLVD.NW

City-State-Zip: BOCA RATON FL 33487

Title TREASURER

Name ARNOLD, OLGA

Address 5800 PARK OF COMMERCE BLVD. NW

City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR

Name EHMER, BERNHARD

Address 5800 PARK OF COMMERCE BLVD. NW

City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT SECRETARY

Name MOELLER, MARTIN

Address 5800 PARK OF COMMERCE BLVD. NW

City-State-Zip: BOCA RATON FL 33487

Title SECRETARY

Name QUINN, DONNA

Address 5800 PARK OF COMMERCE BLVD.  
NW

City-State-Zip: BOCA RATON FL 33487

Title CEO

Name CARLISLE, ILEANA

Address 5800 PARK OF COMMERCE BLVD. NW

City-State-Zip: BOCA RATON FL 33487

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:** OLGA ARNOLD

TREASURER

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date