## **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000380

Entity Name: REGENERON HEALTHCARE SOLUTIONS, INC.

inity Name. Reserver of the Allinovike Societion

**Current Principal Place of Business:** 

745 OLD SAW MILL RIVER ROAD TARRYTOWN. NY 10591

**Current Mailing Address:** 

745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 US

FEI Number: 47-2092474 Certificate of Status Desired: No

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

FILED Mar 28, 2022

**Secretary of State** 

0066522292CC

Officer/Director Detail:

Title DIRECTOR/MANAGER Title SECRETARY

Name LANDRY, ROBERT Name LAROSA, JOSEPH J.

Address 745 OLD SAW MILL RIVER ROAD Address 745 OLD SAW MILL RIVER ROAD

City-State-Zip: TARRYTOWN NY 10591 City-State-Zip: TARRYTOWN NY 10591

Title TREASURER Title VP

Name COLYER, JENNIFER Name O'NEAL, RICHARD

Address 745 OLD SAW MILL RIVER ROAD Address 745 OLD SAW MILL RIVER ROAD

City-State-Zip: TARRYTOWN NY 10591 City-State-Zip: TARRYTOWN NY 10591

Title VP Title VP

Name TEGAN, DEBORAH Name WILLIAMS, MONIKA

Address 745 OLD SAW MILL RIVER ROAD Address 745 OLD SAW MILL RIVER ROAD

City-State-Zip: TARRYTOWN NY 10591 City-State-Zip: TARRYTOWN NY 10591

Title VP Title VF

Name JONES, MICHAEL Name SUESSERMAN, MICHAEL

Address 745 OLD SAW MILL RIVER ROAD Address 745 OLD SAW MILL RIVER ROAD

City-State-Zip: TARRYTOWN NY 10591 City-State-Zip: TARRYTOWN NY 10591

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: JOSEPH J LAROSA SECRETARY 03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date