

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003322

Entity Name: AMAG PHARMA USA, INC.**Current Principal Place of Business:**1100 WINTER ST.
SUITE 3000
WALTHAM, MA 02451**Current Mailing Address:**1100 WINTER ST.
SUITE 3000
WALTHAM, MA 02451 US**FEI Number:** 43-0618919**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**Officer/Director Detail :**

| | |
|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | PORTER, MICHAEL |
| Address | 1100 WINTER ST. SUITE 3000 |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|-----------------|-------------------------------|
| Title | PRESIDENT/CEO |
| Name | PORTER, MICHAEL |
| Address | 1100 WINTER ST. SUITE 3000 |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|-----------------|-------------------------------|
| Title | CFO/TREASURER |
| Name | KILIC, OZGUR |
| Address | 1100 WINTER ST. SUITE 3000 |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|-----------------|-------------------------------|
| Title | SECRETARY |
| Name | TEEHAN, ANDREW |
| Address | 1100 WINTER ST. SUITE 3000 |
| City-State-Zip: | WALTHAM MA 02451 |

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: ANDREW TEEHAN**SECRETARY****04/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date