

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004022

Entity Name: AMAG PHARMACEUTICALS, 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:** 04-2742593**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	KILIC, OZGUR
Address	1100 WINTER ST. SUITE 3000
City-State-Zip:	WALTHAM MA 02451

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

Title	SECRETARY
Name	TALLARICO, FRANCESCO
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	DIRECTOR
Name	PORTER, MICHAEL
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: FRANCESCO TALLARICO**SECRETARY****03/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date