

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003825

**Entity Name:** ANALOG PHARMA, INC.

**Current Principal Place of Business:**

919 CONESTOGA ROAD, BUILDING ONE,  
SUITE 201  
ROSEMONT, PA 19010

**Current Mailing Address:**

919 CONESTOGA ROAD, BUILDING ONE  
SUITE 203  
ROSEMONT, PA 19010

**FEI Number: 81-0839926**

**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 C  
Name BOIVIN, PIERRE  
Address 372 RUE DES MUGUETS  
City-State-Zip: SAINTE-THERESE QUEBEC J7E 5T4

Title D  
Name HOPKINS, DENNIS D  
Address 761 S. COPPELL ROAD.  
City-State-Zip: COPPELL TX 75019

Title P  
Name BOIVIN, PIERRE  
Address 372 RUE DES MUGUETS  
City-State-Zip: SAINTE-THERESE QUEBEC J7E 5T4

*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: PIERRE BOIVIN**

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date