

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003680

**Entity Name:** ADMA BIOLOGICS, INC.**Current Principal Place of Business:**465 NEW JERSEY ROUTE 17 SOUTH  
RAMSEY, NJ 07446**Current Mailing Address:**465 NEW JERSEY ROUTE 17 SOUTH  
RAMSEY, NJ 07446 US**FEI Number: 56-2590442****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ELMS, STEVEN A  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title D/P/CEO  
Name GROSSMAN, ADAM S  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title VP/CHIEF SCIENTIFIC AND MEDICAL OFFICER  
Name MOND, JAMES  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title D  
Name RICHMAN, ERIC I  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title VC  
Name GROSSMAN, JERROLD B DR  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title D  
Name FONG, BRYANT E  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title S/CFO  
Name LENZ, BRIAN  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

Title D  
Name GUIHEEN, LAWRENCE P  
Address 465 NEW JERSEY ROUTE 17 SOUTH  
City-State-Zip: RAMSEY NJ 07446

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*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: BRIAN LENZ****CFO****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D
Name	GOLDSTEIN, DOV A M.D.
Address	465 NEW JERSEY ROUTE 17 SOUTH
City-State-Zip:	RAMSEY NJ 07446