

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001751

**Entity Name:** CENTAUR PHARMACEUTICALS PVT. LTD. INCORPORATED.

**FILED**  
**Feb 23, 2021**  
**Secretary of State**  
**5258680655CC**

**Current Principal Place of Business:**

PLOT NO 4 INTERNATIONAL BIOTECH PARK PHASE  
II  
HINJEWADI, PUNE, MAHARASHTRA,

**Current Mailing Address:**

2022-2 RAYMOND DIEHL ROAD  
TALLAHASSEE, FL 32308 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS, INC  
7901 4TH STREET NORTH  
SUITE 300  
ST. PETERSBURG, FL 33702 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: BILL HAVRE**

**02/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	PRESIDENT
Name	PHAL, DR. SMITA A	Name	SAWANT, DR. JAYASHING G
Address	CENTAUR PHARMACEUTICALS PRIVATE LTD. CENTAUR HOUSE, NEAR GRAND HYATT, SHANTINAGAR, VAKOLA, SANTACRUZ (EAST)	Address	CENTAUR PHARMACEUTICALS PVT. LTD. CENTAUR HOUSE, NEAR GRAND HYATT, SHANTINAGAR, VAKOLA, SANTACRUZ (EAST)
City-State-Zip:	MUMBAI - 400055	City-State-Zip:	MUMBAI - 400055

*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: DR. SMITA PHAL**

**DIRECTOR**

**02/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date