

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004610

Entity Name: ANI PHARMACEUTICALS CANADA INC.**Current Principal Place of Business:**400 IROQUOIS SHORE RD
OAKVILLE, ONTARIO L611 IM5**Current Mailing Address:**400 IROQUOIS SHORE RD
OAKVILLE, ONTARIO L611 IM5 CA**FEI Number:** NOT APPLICABLE**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 CAREY, STEPHEN
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE ONTARIO L611 IM5

Title DIRECTOR
Name SCHREPFFER, ROBERT
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE ONTARIO L611 IM5

Title SECRETARY
Name CAREY, STEPHEN
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE ONTARIO L611 IM5

Title DIRECTOR
Name PRZYBYL, ARTHUR
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE ONTARIO L611 IM5

Title TREASURER
Name CAREY, STEPHEN
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE L611 IM5

Title PRESIDENT
Name PRZYBYL, ARTHUR
Address 400 IROQUOIS SHORE RD
City-State-Zip: OAKVILLE L611 IM5

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: STEPHEN CAREY**SECRETARY****03/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date