

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000615

**Entity Name:** COCRYSTAL PHARMA, INC.**Current Principal Place of Business:**4400 BISCAYNE BOULEVARD  
MIAMI, FL 33137**Current Mailing Address:**4400 BISCAYNE BOULEVARD  
MIAMI, FL 33137 US**FEI Number:** 35-2528215**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COELHO, RICARDO A  
4400 BISCAYNE BLVD.,  
SUITE 180  
MIAMI, FL 33137 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:** RICARDO A. COELHO

04/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FROST, PHILLIP DR.  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title D  
Name KORNBERG, ROGER DR.  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title D  
Name RUBIN, STEVEN  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title D  
Name JAPOUR, ANTHONY DR.  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title CFO  
Name MARTIN, JAMES  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title P  
Name LEE, SAM  
Address 4400 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name PFENNIGER, RICHARD  
Address 566 BARGELLO AVE.  
City-State-Zip: CORAL GABLES FL 33146

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:** JAMES MARTIN

CFO

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date