

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003889

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

**Current Principal Place of Business:**

360 MOUNT KEMBLE AVENUE  
SUITE 3000  
MORRISTOWN, NJ 07960

**Current Mailing Address:**

360 MOUNT KEMBLE AVENUE  
SUITE 3000  
MORRISTOWN, NJ 07960 US

**FEI Number:** 83-1263246

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            KELLY, MARVIN  
Address        360 MOUNT KEMBLE AVENUE  
                  SUITE 3000  
City-State-Zip: MORRISTOWN NJ 07960

Title            TREASURER  
Name            PRADILLA, FELIPE  
Address        360 MOUNT KEMBLE AVENUE  
                  SUITE 3000  
City-State-Zip: MORRISTOWN NJ 07960

Title            SECRETARY, DIRECTOR  
Name            MASTRACCHIO, JEFFREY  
Address        360 MOUNT KEMBLE AVENUE  
                  SUITE 3000  
City-State-Zip: MORRISTOWN NJ 07960

*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:** FELIPE PRADILLA

**TREASURER**

**04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date