

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003889

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

**Current Principal Place of Business:**

360 MOUNT KEMBLE AVENUE  
MORRISTOWN, NJ 07960

**Current Mailing Address:**

360 MOUNT KEMBLE AVENUE  
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 CVP, SECRETARY, DIRECTOR  
Name RENZE, MEGAN R  
Address 360 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title P  
Name KELLY, MARVIN  
Address 360 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

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

Title VP  
Name LLOYDS, JEANNIE  
Address 360 MOUNT KEMBLE AVENUE  
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:** MEGAN R. RENZE

**SECRETARY**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date