

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071235

**Entity Name:** SOMTHERAPEUTICS CORP.

**Current Principal Place of Business:**

90 HARCOURT STREET  
DUBLIN 2, IRELAND

**Current Mailing Address:**

90 HARCOURT STREET  
DUBLIN 2, IRELAND IE

**FEI Number: 13-4071558**

**Certificate of Status Desired: No**

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

OSTROFF, JANET J  
11900 BISCAYNE BLVD.  
SUITE 720  
MIAMI, FL 33181 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: JANET J. OSTROFF**

**02/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name WILEY, JOE  
Address 90 HARCOURT STREET  
City-State-Zip: DUBLIN 2, IRELAND AL

Title D  
Name WILEY, JOE  
Address 90 HARCOURT STREET  
City-State-Zip: DUBLIN 2, IRELAND AL

Title TSD  
Name NEALON, RORY  
Address 14 MATHER ROAD NORTH  
City-State-Zip: DUBLIN, IRELAND AL

Title CFO  
Name NEALON, RORY  
Address 14 MATHER ROAD NORTH  
City-State-Zip: DUBLIN, IRELAND AL

Title D  
Name JORDAN, PATRICK  
Address 275 GREGORY ROAD  
City-State-Zip: FRANKLIN LAKES NJ 07417

*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: PATRICK JORDAN**

**DIRECTOR**

**02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date