

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000013898

**FILED**  
**Jan 16, 2025**  
**Secretary of State**  
**8817714069CC**

**Entity Name:** RAPHA PHARMACEUTICALS INC.

**Current Principal Place of Business:**

7208 W. SAND LAKE ROAD  
SUITE 305  
ORLANDO, FL 32819

**Current Mailing Address:**

7208 W. SAND LAKE ROAD  
SUITE 305  
ORLANDO, FL 32819 US

**FEI Number:** 47-5567997

**Certificate of Status Desired:** No

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

SHOFFNER, MICHAEL  
7208 W. SAND LAKE ROAD  
SUITE 305  
ORLANDO, FL 32819 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:** MICHAEL SHOFFNER

01/16/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHOFFNER, MICHAEL  
Address 7208 W. SAND LAKE ROAD  
SUITE 305  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name MOLINA, HECTOR III  
Address 8719 AUGUSTA LOOP  
City-State-Zip: LAREDO TX 78045

Title TS  
Name LUBOTSKY, DAVID A  
Address 7208 W. SAND LAKE ROAD  
SUITE 305  
City-State-Zip: ORLANDO FL 32819

*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:** DAVID A. LUBOTSKY

**TREASURER**

01/16/2025

Electronic Signature of Signing Officer/Director Detail

Date