

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000002793

**Entity Name:** AX FOR PHARMA NORTH AMERICA LLC

**Current Principal Place of Business:**

100 S ASHLEY DRIVE  
SUITE 600  
TAMPA, FL 33602

**Current Mailing Address:**

100 S ASHLEY DRIVE  
SUITE 600  
TAMPA, FL 33602 US

**FEI Number:** 99-0374992

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
1ST FLOOR  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title            CEO  
Name            RUOSI, ANDREA  
Address        60 GULF BLVD., #214  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title            MGR  
Name            RUOSI, MASSIMO  
Address        RES.FONTANILE 703,VIA FRATELLI  
                  CERVI  
City-State-Zip: 20090 SEGRATE (MI) ITALY XX

Title            CORPORATE MANAGER  
Name            VEALEY, AMANDA  
Address        6610 RED BAY CT  
City-State-Zip: WILMINGTON NC 28405

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMANDA VEALEY

**CORPORATE MANAGER      03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date