

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400002793

**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	Title	CORPORATE MANAGER
Name	RUOSI, ANDREA	Name	VEALEY, AMANDA
Address	60 GULF BLVD., #214	Address	6610 RED BAY CT
City-State-Zip:	INDIAN ROCKS BEACH FL 33785	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**

**02/27/2023**

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

\_\_\_\_\_  
Date