

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400007192

Entity Name: COREPHARMA, L.L.C.

Current Principal Place of Business:

215 WOOD AVE.
MIDDLESEX, NJ 08846

Current Mailing Address:

602 OFFICE CENTER DRIVE
STE 200
FORT WASHINGTON, PA 19034 US

FEI Number: 22-3589588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 MANAGER
Name BISARO, PAUL M
Address 215 WOOD AVE.
City-State-Zip: MIDDLESEX NJ 08846

Title MANAGER
Name SCHLOSSBERG, MARK
Address 31047 GENSTAR ROAD
City-State-Zip: HAYWARD CA 94544

Title MANAGER
Name REASONS, BRYAN
Address 215 WOOD AVE.
City-State-Zip: MIDDLESEX NJ 08846

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: BRYAN REASONS

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date