

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003828

**Entity Name:** CINRX PHARMA, LLC

**Current Principal Place of Business:**

5375 MEDPACE WAY  
CINCINNATI, OH 45227

**Current Mailing Address:**

5375 MEDPACE WAY  
CINCINNATI, OH 45227 US

**FEI Number: 47-4689250**

**Certificate of Status Desired: No**

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

TROENDLE, AUGUST J  
1492 CORONA LN  
VERO BEACH, FL 32963 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 MGR  
Name TROENDLE, AUGUST J  
Address 1492 CORONA LN  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name ISAACSOHN, JONATHAN  
Address 9170 AMBERCREEK DR.  
City-State-Zip: CINCINNATI OH 45237

Title MBR  
Name EWALD, STEPHEN  
Address 6513 MADEIRA HILLS DR.  
City-State-Zip: CINCINNATI OH 45243

Title MBR  
Name GEIGER, JESSE  
Address 9 ROSE LANE FARM  
City-State-Zip: LOVELAND OH 45150

Title AUTHORIZED MANAGER  
Name JOHNSON, CHASE  
Address 5375 MEDPACE WAY  
City-State-Zip: CINCINNATI OH 45227

*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: JOHNSON, CHASE**

**CONTROLLER**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date