2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2025
Secretary of State
3085014123CC

DOCUMENT# F06000005836

Entity Name: CATALYST PHARMACEUTICALS, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 76-0837053

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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: ANGEL NUNEZ 03/12/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CHAIRMAN OF THE BOARD
Name	MCENANY, PATRICK J
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	TIERNEY, DAVID S
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR, PRESIDENT AND CEO
Name	DALY, RICHARD
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP, COO AND CSO
Name	MILLER, STEVEN R
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	O'KEEFFE, CHARLES B
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	DENKHAUS, DONALD A
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	HARPER, MOLLY
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP, CFO
Name	KALB, MICHAEL W.
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

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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: MICHAEL W. KALB EVP AND CFO 03/12/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMPSON, TAMAR
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	CMRO
Name	INGENITO, GARY
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	CLCO
Name	ELSBERND, BRIAN
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP, CCO
Name	DEL CARMEN, JEFFREY
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	CSO
Name	SUNDARAM, PREETHI
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	CHRO
Name	RUSSO, GREGG
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134