

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000380

**Entity Name:** REGENERON HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

777 OLD SAW MILL RIVER ROAD  
TARRYTOWN, NY 10591

**Current Mailing Address:**

777 OLD SAW MILL RIVER ROAD  
TARRYTOWN, NY 10591 US

**FEI Number: 47-2092474**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            LAROSA, JOSEPH  
Address        777 OLD SAW MILL RIVER ROAD  
City-State-Zip: TARRYTOWN NY 10591

Title            TREASURER  
Name            ONDREY, AARON A  
Address        777 OLD SAW MILL RIVER ROAD  
City-State-Zip: TARRYTOWN NY 10591

Title            CHAIRMAN  
Name            VAGELOS, P. ROY  
Address        777 OLD SAW MILL RIVER ROAD  
City-State-Zip: TARRYTOWN NY 10591

Title            DIRECTOR  
Name            BAKER, CHARLES A  
Address        777 OLD SAW MILL RIVER ROAD  
City-State-Zip: TARRYTOWN NY 10591

*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: JOSEPH LAROSA**

**SECRETARY**

**04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date