

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002045

Entity Name: NIVAGEN PHARMACEUTICALS, INC.**Current Principal Place of Business:**3050 FITE CIRCLE SUITE 100
SACRAMENTO, CA 95827**Current Mailing Address:**3050 FITE CIRCLE SUITE 100
SACRAMENTO, CA 95827 US**FEI Number:** 27-1447740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 PRESIDENT, TREASURER,
 SECRETARY, DIRECTOR

Name SHUKLA, JWALANT

Address 3050 FITE CIRCLE SUITE 100

City-State-Zip: SACRAMENTO CA 95827

Title DIRECTOR

Name MATHARU, JASWINDER

Address 3050 FITE CIRCLE SUITE 100

City-State-Zip: SACRAMENTO CA 95827

Title DIRECTOR

Name HART, ROB

Address 3050 FITE CIRCLE SUITE 100

City-State-Zip: SACRAMENTO CA 95827

Title DIRECTOR

Name SEWAK, ASHISH

Address 3050 FITE CIRCLE SUITE 100

City-State-Zip: SACRAMENTO CA 95827

Title DIRECTOR

Name KULPER, MIKE

Address 3050 FITE CIRCLE SUITE 100

City-State-Zip: SACRAMENTO CA 95827

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: JWALANT SHUKLA**PRESIDENT****03/14/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date