

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000000457

**Entity Name:** POCKET NALOXONE CORP.

**Current Principal Place of Business:**

4701 SANGAMORE ROAD  
SUITE 100N  
BETHESDA, MD 20816

**Current Mailing Address:**

4701 SANGAMORE ROAD  
SUITE 100N  
BETHESDA, MD 20816 US

**FEI Number:** 84-1769506

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 CHAIRMAN OF THE BOARD  
Name BOWSHER, KATHRYN  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title DIRECTOR  
Name BOWSHER, KATHRYN  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title DIRECTOR  
Name MATHAI, ASHANTHI  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title DIRECTOR  
Name SHELDON, BEHSHAD  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title DIRECTOR  
Name BARTHWELL, ANDREA  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title DIRECTOR  
Name KATZ, BARRY  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title CFO  
Name CHIPI, JAVIER  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

Title CEO  
Name MATHAI, ASHANTHI  
Address 4701 SANGAMORE ROAD  
SUITE 100N  
City-State-Zip: BETHESDA MD 20816

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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:** JOHN SCHROEPFER

**TREASURER**

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SCHROEPFER, JOHN  
Address        4701 SANGAMORE ROAD  
                  SUITE 100N  
City-State-Zip: BETHESDA MD 20816