## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002517

Entity Name: MAGNA PHARMACEUTICALS, INC.

**Current Principal Place of Business:** 

10801 ELECTRON DRIVE SUITE #100 LOUISVILLE, KY 40299

**Current Mailing Address:** 

10801 ELECTRON DRIVE SUITE #100 LOUISVILLE, KY 40299 US

FEI Number: 61-1185441 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

FILED Mar 15, 2017

**Secretary of State** 

CC4070406894

Officer/Director Detail:

Title P Title SECRETARY

Name LESSER, WARREN P Name SHILEY, MICHELE R

Address 10801 ELECTRON DRIVE SUITE # 100 Address 10801 ELECTRON DRIVE

SUITE #100

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

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: MICHELE SHILEY VP FINANCE/SEC

Electronic Signature of Signing Officer/Director Detail

03/15/2017 Date