

**2023 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

**Officer/Director Detail :**

Title	P	Title	SECRETARY
Name	LESSER, WARREN P	Name	LESSER, MARY P
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:** MARY LESSER

VP OF ADMINISTRATION 01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date