

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V56826

**Entity Name:** BRECKENRIDGE PHARMACEUTICAL, INC.**Current Principal Place of Business:**15 MASSIRIO DRIVE  
SUITE 201  
BERLIN, CT 06037**Current Mailing Address:**15 MASSIRIO DRIVE  
SUITE 201  
BERLIN, CT 06037 US**FEI Number:** 65-0352825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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
Name	GUY, BRIAN
Address	15 MASSIRIO DRIVE SUITE 201
City-State-Zip:	BERLIN CT 06037

Title	SECRETARY
Name	HARRISON, MARC
Address	15 MASSIRIO DRIVE SUITE 201
City-State-Zip:	BERLIN CT 06037

Title	VP
Name	PEIX GALLOFRE, DAVID
Address	TOWA PHARMA INTERNATIONAL HOLDINGS, S.L. POLIGO INDUSTRIAL, C DE SANT MARTI 75-97
City-State-Zip:	MARTORELLES 08107

Title	TREASURER
Name	NEIDHARDT, JEFF
Address	15 MASSIRIO DRIVE SUITE 201
City-State-Zip:	BERLIN CT 06037

*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:** MARC L. HARRISON**SECRETARY****01/12/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date