

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V56826

**Entity Name:** BRECKENRIDGE PHARMACEUTICAL, INC.**Current Principal Place of Business:**200 CONNELL DRIVE  
SUITE 4200  
BERKELEY HEIGHTS, NJ 07922**Current Mailing Address:**200 CONNELL DRIVE  
SUITE 4200  
BERKELEY HEIGHTS, NJ 07922 US**FEI Number:** 65-0352825**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCRP 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, CHIEF COMMERCIAL OFFICER
Name	GUY, BRIAN
Address	200 CONNELL DRIVE SUITE 4200
City-State-Zip:	BERKELEY HEIGHTS NJ 07922

Title	VP, FINANCE
Name	CHIN, APRIL
Address	200 CONNELL DRIVE STE 4200
City-State-Zip:	BERKELEY HEIGHTS NJ 07922

Title	CEO
Name	PEIX GALLOFRE, DAVID
Address	TOWA PHARMA INTERNATIONAL HOLDINGS, S.L. C/ SANT MARTÍ 75-79
City-State-Zip:	MARTORELLES 08107

Title	SECRETARY, GENERAL COUNSEL
Name	DERENZI, BRUCE
Address	200 CONNELL DRIVE SUITE 4200
City-State-Zip:	BERKELEY HEIGHTS NJ 07922

Title	TREASURER
Name	PRIETO GARCÍA, CARLOS
Address	TOWA PHARMA INTERNATIONAL HOLDINGS, S.L. C/ SANT MARTÍ 75-79
City-State-Zip:	MARTORELLES 08107

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:** BRUCE DERENZISECRETARY, GENERAL  
COUNSEL

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date