

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V57953

FILED
Sep 18, 2018
Secretary of State
CC1679000198

Entity Name: NEPHRON PHARMACEUTICALS CORPORATION

Current Principal Place of Business:

4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172

Current Mailing Address:

4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172 US

FEI Number: 93-1065757

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: ANGEL SHEARER, ASSISTANT SECRETARY

09/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN, CEO,
 DIRECTOR
Name KENNEDY, LOU W.
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title VP, DIRECTOR
Name WHITNER, ASHLEY KENNEDY
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title VP, DIRECTOR
Name MCGOWAN, COURTNEY KENNEDY
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title DIRECTOR
Name KENNEDY, WILLIAM P.
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title DIRECTOR
Name JIBAJA, HENRY J.
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title SECRETARY/TREASURER
Name STONER, DANIEL S.
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

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: LOU W. KENNEDY

PRESIDENT

09/18/2018

Electronic Signature of Signing Officer/Director Detail

Date