

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V57953

**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

04/27/2021

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 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

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date