2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 259379

Entity Name: JMI-DANIELS PHARMACEUTICALS, INC.

Current Principal Place of Business:

%KING PHARMACEUTICALS, INC.,ACCT'S PAYABLE
501 FIFTH ST.
BRISTOL, TN 376202304 US

New Principal Place of Business:

501 FIFTH ST.
BRISTOL, TN 376202304 US

Current Mailing Address:

%KING PHARMACEUTICALS, INC.,ACCT'S PAYABLE
501 FIFTH ST.
BRISTOL, TN 376202304 US

New Mailing Address:

501 FIFTH ST.
BRISTOL, TN 376202304 US

FEI Number: 59-0979811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	MARKISON, BRIAN A	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:	S/D	( ) Delete
Name:	ELROD, JAMES W	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:	CFOT	( ) Delete
Name:	SQUICCIARINO, JOSEPH	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:	C	( ) Delete
Name:	SHUMATE, CARLA M	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:	T	( ) Delete
Name:	SHARROW, RANDOLPH	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:	ASS	( ) Delete
Name:	PHILLIPS, WILLIAM L III	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFOD	(X) Change ( ) Addition
Name:	SQUICCIARINO, JOSEPH	
Address:	501 5TH ST	
City-St-Zip:	BRISTOL, TN 37620	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM L. PHILLIPS III — ASST — 04/27/2009
Electronic Signature of Signing Officer or Director — Date