

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001126

FILED
Apr 25, 2011
Secretary of State

Entity Name: CADENCE PHARMACEUTICALS, INC.

Current Principal Place of Business:

12481 HIGH BLUFF DR., #200
SAN DIEGO, CA 92130

New Principal Place of Business:

Current Mailing Address:

12481 HIGH BLUFF DR., #200
SAN DIEGO, CA 92130

New Mailing Address:

FEI Number: 41-2142317 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

OFFICERS AND DIRECTORS:

Title: C
Name: GARNER, CAM L
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

Title: TV
Name: LARUE, WILLIAM R
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: BARKER, SAMUEL L PH.D
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

Title: P
Name: SCHROEDER, THEODORE R
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

Title: VP
Name: BYRD, SCOTT W
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

Title: SV
Name: AKER, HAZEL M
Address: 12481 HIGH BLUFF DR., #200
City-St-Zip: SAN DIEGO, CA 92130

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: WILLIAM R LARUE

TV

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date