

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90002 019 ***150.00

DOCUMENT # F95000005305

1. Entity Name
AXCAN SCANDIPHARM INC.



Principal Place of Business
22 INVERNESS CENTER PKWY
SUITE 310
BIRMINGHAM, AL 35242

Mailing Address
22 INVERNESS CENTER PKWY
SUITE 310
BIRMINGHAM, AL 35242

54058427



06142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2639766	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GOSSELLA, LEON F 597 BOUL LAURIER MONT-SAINT-HILAIRE, QB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MIMS, DAVID W 1200 CORPORATE DR BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBD BOLDUC, BERTRAND 597 BOUL LAURIER MONT-SAINT-HALAIRE, QB j3h 4x8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, RUSSELL H 3899 LOCKERBIE DRIVE BIRMINGHAM, AL 35233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLET, COLLIN R 232-2628 GRANDVILLE ST VANCOUVER, BC v6h 3h8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACASSE, LOUIS P 1001 BOUL DE MAISONNEUVE OUSET BUREAU 920 MONTREAL, QC h3a 3c8

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Stanton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Controller

6/14/04 (205) 991-8085
 Date Daytime Phone #