


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90531 035 ***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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GOSSELLA, LEON F 597 BOUL LAURIER MONT-SAINT-HILAIRE QB	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MIMS, DAVID W 1200 CORPORATE DR BIRMINGHAM AL 35242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBD BOLDUC, BERTRAND 597 BOUL LAURIER MONT-SAINT-HILAIRE QB J3H- 4X8	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, RUSSELL H 3899 LOCKERBIE DRIVE BIRMINGHAM AL 35233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLET, COLLIN R 232-2628 GRANDVILLE ST VANCOUVER BC V6H- 3H8	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACASSE, LOUIS P 1001 BOUL DE MAISONNEUVE OUSET BUREAU 920 MONTREAL QC H3A- 3C8	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached

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 an other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Alan Stanton 1/20/03 991-8085 (205)
Signature and typed or printed name of signing officer or director Controller Date Daytime Phone #

CR2E034 (10/02)

Attachment
10014/016

**Axcan Scandipharm, Inc.
Officers of the Company**

795000005305

Leon F. Gosselin

President & CEO
Axcan Pharma, Inc.
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Axcan SCANDIPHARM, INC.
BOARD OF DIRECTORS

Attachment
10014016
F95000005305

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