

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005050

Entity Name: ZS PHARMA, INC.**Current Principal Place of Business:**508 WRANGLER DRIVE
SUTIE 100
COPPELL, TX 75019**Current Mailing Address:**508 WRANGLER DRIVE
SUTIE 100
COPPELL, TX 75019**FEI Number:** 26-3305698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CREECH, TODD A MBA
8875 HIDDEN RIVER PKWY
SUITE 300, OFFICE 64
TAMPA, FL 33637 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title C
Name ALEXANDER, ROBERT PH.D
Address 873 SABTA CRUZ AVENUE, SUITE 204
City-State-Zip: MENLO PARK CA 94025

Title SD
Name KEYSER, D. JEFFREY PH.D
Address 508 WRANGLER DRIVE, STE 100
City-State-Zip: COPPELL TX 75019

Title T
Name BERGMARK, NELS
Address 508 WRANGLER DRIVE, STE 100
City-State-Zip: COPPELL TX 75019

Title D
Name GUILLEM, ALVARO PH.D
Address 508 WRANGLER DRIVE, STE 100
City-State-Zip: COPPELL TX 75019

Title PCEO
Name GUILLEM, ALVARO PH.D.
Address 508 WRANGLER DRIVE, STE 100
City-State-Zip: COPPELL TX 75019

Title D
Name MCKEARN, JOHN PH.D
Address 508 WRANGLER DRIVE
City-State-Zip: COPPELL TX 75019

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: NELS BERGMARK**TREASURER****04/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date