


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001880 1. Entity Name FIRST HORIZON PHARMACEUTICAL CORPORATION	
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Principal Place of Business 6195 SHILOH ROAD ALPHARETTA, GA 30005	Mailing Address 6195 SHILOH ROAD ALPHARETTA, GA 30005
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2004779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAPOOR, JOHNN 6195 SHILOH ROAD ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPALME, PIERRE 6195 SHILOH ROAD ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENNER, PATRICK J 6195 SHILOH ROAD ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZACKS, LESLIE 6195 SHILOH ROAD ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORNE, DARRELL 6195 SHILOH ROAD ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JERRY N 6195 SHILOH ROAD ALPHARETTA, GA 30005

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02/13/06-80048-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Darrell Borne **Darrell Borne**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____