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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

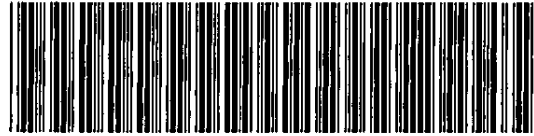
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 11 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELIANT PHARMACEUTICALS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRIAN REGAN
(Name of Person)

REGAN SEARLES & CO. P.C.
(Firm/Company)

1620 POND ROAD SUITE 101
(Address)

ALLENTOWN, PA. 18104
(City/State and Zip code)

For further information concerning this matter, please call:

BRIAN REGAN at 610-391-8666
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. RELIANT PHARMACEUTICALS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 22-3740140
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/31/99 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 06-29-03
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 110 ALLEN ROAD LIBERTY CORNER, N.J. 07938
(Principal office address)

110 ALLEN ROAD LIBERTY CORNER, NJ 07938
(Current mailing address)

8. SALES OF PHARMACEUTICAL PRODUCTS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Harry B. Davis
Asst. Vice President

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED LISTING

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LISTING

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John Antonelli, Jr.

(Signature of Director or Officer listed in number 12 of the application)

14. JOHN ANTONELLI, Jr. TREASURER

(Typed or printed name and capacity of person signing application)

**Attachment to Illinois Foreign Corporation Annual Report
Reliant Pharmaceuticals, Inc.
as of 12/31/2005**

Directors

Names and Addresses of Directors

Directors:

Fred B. Craves
Mark S. Hoplamazian
Margaret H. Jordan
Ernest Mario
William Mayer
David Milligan
Michael A. Rocca
James C. Smith
Michael Solomon
August Watanabe

Address for all is:

110 Allen Road, Liberty Corner, New Jersey 07938
Somerset County

**Attachment to Illinois Foreign Corporation Annual Report
Reliant Pharmaceuticals, Inc.
as of 12/31/2005**

Officers

Names and Addresses of Officers

Officers:

CEO and Chairman of the Board of Directors	— Ernest Mario
Vice President, Sales Operations	— Joseph Zajac
Chief Financial Officer	— Robert R. Ferguson III
Chief Operating Officer	— Joseph Zakrzewski
Executive Vice President, Business Development	— Stefan Aigner
Senior Vice President, Research and Development	— Steven Ketchum
Vice President and Chief Information Officer	— Mark Stier
Vice President of Legal Affairs and Secretary	— Michael Lerner
Vice President, Scientific Affairs	— George Bobotas
Senior Vice President Sales and Marketing	— James Butler
Vice President Sales	— Vincent Angotti
Treasurer	— John Antonelli

Address for all is:

110 Allen Road, Liberty Corner, New Jersey 07938
Somerset County

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RELIANT PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2006.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4666802

060300473

DATE: 04-13-06