

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005117

FILED
Apr 30, 2007
Secretary of State

Entity Name: SCIELE PHARMA SALES, INC.

Current Principal Place of Business:

5 CONCOURSE PKWY, STE 1800
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

5 CONCOURSE PKWY, STE 1800
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 20-4982069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BORNE, DARRELL
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: ZACKS, LESLIE
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: SCHUTTER, ED
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

Title: P () Delete
Name: GIBBONS, SAM
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

Title: ST () Delete
Name: FISHERKELLER,
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCALF, RON
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

Title: ST (X) Change () Addition
Name: FISHERKELLER, DAVID
Address: 5 CONCOURSE PKWY, STE 1800
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARRELL BORNE

CD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date