

**F0600005836**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From: Angelica M. Chiru

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**CATALYST PHARMACEUTICAL PARTNERS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
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FAX AUDIT # H06000224820

**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. CATALYST PHARMACEUTICAL PARTNERS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 76-0837053  
(FEI number, if applicable)
4. July 21, 2006  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or perpetual")
6. UPON FILING OF APPLICATION.  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 220 Miracle Mile, Suite 234, Miami, Florida 33134  
(Principal office address)  
  
220 Miracle Mile, Suite 234, Miami, Florida 33134  
(Current mailing address)
8. Any lawful business permitted to corporations in the State of Florida  
(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 or Mail Drop Box NOT acceptable)  
  
Name: AMERICAN INFORMATION SERVICES, INC.  
Office Address: One S.E. Third Avenue, 28<sup>th</sup> Floor, Miami, Florida 33131  
(Street) (City) (State) (Zip)
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.  
  
AMERICAN INFORMATION SERVICES, INC.  
  
By: Angelica M. Chifu  
Assistant Secretary
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.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS (PLEASE SEE ATTACHMENT)**

Director: Please see addendum attached hereto for list of directors  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS (PLEASE SEE ATTACHMENT)**

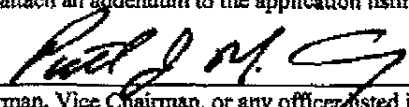
President: Please see addendum attached hereto for list of officers  
Address: \_\_\_\_\_

Chief Operating Officer: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary & Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

Assistant Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patrick J. McEnany, Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

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Attachment to  
List of Directors and Officers  
of  
Catalyst Pharmaceutical Partners, Inc.

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TALLAHASSEE, FLORIDA

## 12. Names and business address of directors and/or officers:

|                                                                              |                                                                           |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Patrick J. McEnany<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134  | Director, Chairman of the Board, President<br>and Chief Executive Officer |
| Hubert E. Huckel<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134    | Director                                                                  |
| Charles B. O'Keeffe<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134 | Director                                                                  |
| Philip H. Coelho<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134    | Director                                                                  |
| David S. Tierney<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134    | Director                                                                  |
| Milton J. Wallace<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134   | Director                                                                  |
| Jack Weinstein<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134      | Vice President, Treasurer and<br>Chief Financial Officer                  |
| M. Douglas Winship<br>220 Miracle Mile<br>Suite 234<br>Miami, Florida 33134  | Vice President                                                            |

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Philip B. Schwartz  
220 Miracle Mile  
Suite 234  
Miami, Florida 33134

Secretary

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# Delaware

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALYST PHARMACEUTICAL PARTNERS, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALYST PHARMACEUTICAL PARTNERS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA



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A handwritten signature in cursive script that reads "Harriet Smith Windsor".

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5029345

DATE: 09-08-06