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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

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09 SEP 16 AM 9:06  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

NOVALAR PHARMACEUTICALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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J. Shivers SEP 17 2009

**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. Novalar 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. Delaware

(State or country under the law of which it is incorporated)

3. 33-0922566

(PEI number, if applicable)

4. 8/10/2000

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

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

7. 12555 High Bluff Dr., Suite 300, San Diego, CA 92130

(Principal office address)

12555 High Bluff Dr., Suite 300, San Diego, CA 92130

(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

(City)

, Florida 32301

(Zip code)

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.*

Corporation Service Company

**Joyce L. Markley**  
as its agent

By: Joyce L. Markley

(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.

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

**A. DIRECTORS**Chairman: see attached

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**President: see attached

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. 

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

14. Robert Stefanovich, Secretary, CFO

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

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**Novalar Pharmaceuticals, Inc.****List of Officers and Directors:**

**President / CEO/Director:** Donna Janson  
2647 Merced Pl  
Jamul, CA 91935  
Phone: (858) 436-1100  
SSN# 921-86-9172

**CFO/Secretary:** Robert Stefanovich  
5101 Whitman Way #203  
Carlsbad, CA 92008  
Phone: (858) 436-1100  
SSN# 217-27-1184

**Director:** Brian Dovey  
One Palmer Square, Suite 515  
Princeton, NJ 08542

**Director:** John J. Savarese, MD  
3000 Sand Hill Rd, Building 1, Suite 260  
Menlo Park, CA 94025-7073

**Director:** Lowell E. Sears  
300 Third Street, Second Floor, Suite 6  
Los Altos, CA 94022-3628

**Director:** Steve Semmelmayr  
8550 Higuera Street  
Culver City, CA 90232

**Director:** Ralph Snyderman, MD  
2424 Erwin Rd., Suite 1101  
Durham, NC 27705

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVALAR 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVALAR PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TENTH DAY OF AUGUST, A.D. 2000.

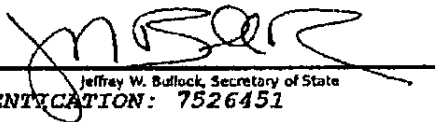
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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7526451

DATE: 09-15-09