

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000028
Phone : (850) 222-1092
Fax Number : (850) 878-5383

RE-SUBMIT

Please retain original filing
date of submission 5/3

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
VALMED PHARMACEUTICAL, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 07 |
| Estimated Charge | \$1,028.75 |

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MAY -3 PM 4:26

RECEIVED

MAY -4 PM 4:30

DIVISION OF CORPORATIONS



May 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: VALMED PHARMACEUTICAL, INC.
REF: W11000024830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Berring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000123337
Letter Number: 811A00010872

COVER LETTER

TO: New Filing Section
Division of Corporations

Valmed Pharmaceutical, Inc.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:

Ilona F. Bush

| | |
|--|-------------------------|
| Watson Pharmaceuticals, Inc. | Name of Person |
| 311 Bonnie Circle | Firm/Company |
| Corona, CA 92880 | Address |
| ilona.bush@watson.com | City/State and Zip code |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Ilona F. Bush

_____ at (951) 493-5579
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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. Valmed Pharmaceutical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 65-0984094
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 2/11/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 3/3/08
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3000 Alt Blvd., Grand Island, NY 14072
(Principal office address)
311 Bonnie Circle, Corona, CA 92880
(Current mailing address)
8. Pharmaceutical sales
(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: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(City) (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.

C T Corporation System

By:

Yeddy Garcia
(Registered agent's signature)

Yeddy Garcia
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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SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

A. DIRECTORS

See attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS See attached

President: _____

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 Brett Hagadone

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Assistant Secretary

14. _____

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

**ATTACHMENT TO
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
For Valmed Pharmaceutical, Inc.**

12A. DIRECTORS

Paul M. Bisaro

12B. OFFICERS

| | |
|----------------------|---|
| Paul M. Bisaro | Chief Executive Officer |
| Albert Paonessa, III | Executive Vice President and Chief Operating Officer |
| R. Todd Joyce | Executive Vice President and Chief Financial Officer |
| David A. Buchen | Executive Vice President, General Counsel and Secretary |
| Thomas Giordano | Senior Vice President and Chief Information Officer |
| Brett Hagadorn | Assistant Secretary |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of VALMED PHARMACEUTICAL, INC. was filed on 02/11/2000, under the name of ANDRX ACQUISITION CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ANDRX ACQUISITION CORP., changing its name to VALMED PHARMACEUTICAL, INC., was filed 03/20/2000.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of April
two thousand and eleven.*

Daniel Shapiro
First Deputy Secretary of State

201104290010 * EZ

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SECRETARY OF STATE
ALBANY, NEW YORK