

FILED 2091

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1111
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
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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
ParMed Pharmaceuticals, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05/6
Estimated Charge	\$70.00

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May 13, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORAITON

SUBJECT: PARMED PHARMACEUTICAL, INC.
REF: W11000026696

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.

We need the complete street address for the principal office address you left off the state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

FAX Aud. #: E11000130704
Letter Number: 511A00011932

**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. ParMed Pharmaceuticals, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 16-1276038

(FBI number, if applicable)

4. 5/19/86

(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. 4220 Hyde Park Boulevard, Niagara Falls NY 14305

(Principal office address)

7000 Cardinal Place, Dublin, OH 43017

(Current mailing address)

8. To provide sales support services for ParMed Pharmaceuticals, Inc., this location is a sales office.

(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: CT 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.

CT Corporation System

By: _____

(Registered agent's signature)

Chris McNeary
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.

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

SEE ATTACHED ADDENDUM

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jorge M. Gomez

Address: 7000 Cardinal Place, Dublin, OH 43017

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: John Byrnes

Address: 7000 Cardinal Place, Dublin, OH 43017

Secretary: Stephen T. Falk

Address: 7000 Cardinal Place, Dublin, OH 43017

Treasurer: Jorge M. Gomez

Address: 7000 Cardinal Place, Dublin, OH 43017

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

13. [Signature]

Signature of Director or Officer

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.

14. Rylen Rawlins, Assistant Secretary

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

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COUNTY OF DUBLIN
OHIO

ADDENDUM

ParMed Pharmaceuticals, Inc.

Name	Office
Michael C. Kaufmann	Chief Executive Officer - Pharmaceutical
Jon Giacomini	Executive Vice President – Operations
Jeffrey W. Henderson	Chief Financial Officer
Craig S. Morford	Chief Legal and Compliance Officer
Stephen T. Falk	Executive Vice President, General Counsel and Secretary
Mark R. Blake	Executive Vice President – Strategy & Corporate Development
Jorge M. Gomez	Senior Vice President and Treasurer
Warren B. Hastings	Vice President – Global Trade
Daniel Movens	Senior Vice President and General Manager
Stephen J. Reardon	Vice President – Quality and Regulatory Affairs
John Byrnes	Vice President – Tax
Jeff Bennett	Assistant Secretary
Rylan O. Rawlins	Assistant Secretary
John M. Adams, Jr.	Assistant Secretary

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TOLSON/SECRET

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARMED 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 TWELFTH DAY OF MAY, A.D. 2011.

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.

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SECRETARY OF STATE
DELAWARE

2091424 8300

110532391

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8755857

DATE: 05-12-11