

Division of Corporations

Page 1 of 2

**F16000003952**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*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**

**Radius Health, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

2016 SEP -6 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 07 2016

**S. YOUNG**

Electronic Filing Menu

Corporate Filing Menu

Help

9/6/2016 3:11:10 PM From: To: 8506176383( 2/7 )

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Radius Health, Inc.

\_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                 |                                                                                           |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|

16 SEP - 6 AM 9:41

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Radius Health, 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. 80-0145732

(FEI number, if applicable)

4. February 4, 2008

(Date of incorporation)

5. Perpetual

(Date of duration, if other than 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. 950 Winter Street, Waltham, MA 02451

(Principal office address)

(Current mailing address, if different)

8. 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, FL 33324

(City)

, Florida

(Zip code)

9. 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

Kristin Bolden

Assistant Secretary

By:

*Kristin Bolden*

(Registered agent's signature)

10. 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.

16 SEP -6 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Kurt Graves

Address: 155 Seaport Blvd., Suite 11B  
Boston, MA 02210

Vice Chairman:

Address:

Director: Debasish Roychowdhury

Address: 950 Winter Street  
Waltham, MA 02451

Director: Alan Auerbach

Address: 10880 Wilshire Blvd., Suite 2150  
Los Angeles, CA 90254

**B. OFFICERS**

President: Robert Eugene Ward

Address: 950 Winter Street  
Waltham, MA 02451

Vice President: Brent M. Hatzis-Schoch (General Counsel, Senior Vice President)

Address: 950 Winter Street  
Waltham, MA 02451

Secretary:

Address:

Treasurer:

Address:

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Brent M. Hatzis-Schoch; General Counsel, Senior Vice President

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

16 SEP - 6 AM 9:41  
SECRETARY OF STATE  
FALL MASS. F. 10003A

9/6/2016 3:11:10 PM From: To: 8506176383( 5/7 )

BOD Information for State Drug Licensure

<b>Kurt Graves - Chairman</b> Name: Kurt C. Graves Business Address: 155 Seaport Blvd. Suite 118 City: Boston State: MA Zip: 02210 Business Phone: 617-936-2500
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<b>Debasish Roychowdhury - Director</b> Name: Debasish F. Roychowdhury, M.D. Business Address: 950 Winter Street City: Waltham State: MA Zip: 02451 Business Phone: 617-551-4000
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<b>Alan Auerbach - Director</b> Name: Alan H. Auerbach Business Address: 10880 Wilshire Blvd. Suite 2150 City: Los Angeles State: CA Zip: 90254 Business Phone: 424-248-6500
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<b>Catherine Friedman - Director</b> Name: Catherine Joan Friedman Business Address: 950 Winter Street City: Waltham State: MA Zip: 02451 Business Phone: 617-551-4000
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<b>Will Dere - Director</b> Name: Willard Harglen Dere Business Address: Human Genetics Building 533, 15 N. 2030 E. City: Salt Lake City State: UT Zip: 84112 Business Phone: 801-585-2516
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<b>Tony Rosenberg - Director</b> Name: Anthony Rosenberg Business Address: 950 Winter Street City: Waltham State: MA Zip: 02451 Business Phone: 617-551-4000
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<b>Ansbert Gadick - Director</b> Name: Ansbert K. Gadick Business Address: 450 Kendall St. City: Cambridge State: MA Zip: 02142 Business Phone: 617-425-9200
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<b>Jean-Pierre Garnier - Director</b> Name: Jean-Pierre Garnier Business Address: 950 Winter Street City: Waltham State: MA Zip: 02451 Business Phone: 617-551-4000
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<b>Owen Hughes - Director</b> Name: Owen Hughes Business Address: 155 Seaport Blvd. City: Boston State: MA Zip: 02210 Business Phone: 617-936-2527
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<b>Robert Ward - President and CEO</b> Name: Business Address: City: State: See 'E-team Info' tab for Bob's details Zip: Business Phone:
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16 SEP - 6 AM 9:41

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SECRETARY OF STATE  
FALL PHILADELPHIA

9/6/2016 3:11:10 PM From: To: 8506176383( 6/7 )

E-team Information for State Drug Licensure

**Robert Ward**  
Full Name (first, middle, last): Robert Eugene Ward  
Title: President and Chief Executive Officer  
Previous Name(s) / Maiden Name: -  
Home Address: 158 Winding River Road  
City: Wellesley  
State: MA  
Zip: 02482  
Business Address: Radius Health, Inc.  
950 Winter Street  
City: Waltham  
State: MA  
Zip: 02451  
Home Phone: 617-598-2778  
Business Phone: 617-551-4002  
Fax: 617-551-4701

**David Snow**  
Full Name (first, middle, last): David P. Snow  
Title: Chief Commercial Officer  
Previous Name(s) / Maiden Name: -  
Home Address: 945 Scornalltown Road  
City: West Chester  
State: PA  
Zip: 19382  
Business Address: Radius Health, Inc.  
550 E Swedesford Road, Suite 370  
City: Wayne  
State: PA  
Zip: 19087  
Home Phone: 610-698-2794  
Business Phone:  
Fax: -

**Earl Fitzpatrick**  
Full Name (first, middle, last): Corrine Anne Fitzpatrick  
Title: Chief Medical Officer  
Previous Name(s) / Maiden Name: -  
Home Address: 694 Tremell Lane  
City: Wayne  
State: PA  
Zip: 19087  
Business Address: Radius Health, Inc.  
550 E Swedesford Road, Suite 370  
City: Wayne  
State: PA  
Zip: 19087  
Home Phone: 610-316-5854  
Business Phone: 617-599-2486 (cell)  
Fax: -

**Greg Williams**  
Full Name (first, middle, last): Gregory Charles Williams  
Title: Chief Development Officer  
Previous Name(s) / Maiden Name: -  
Home Address: 7 Mill Stone Road  
City: Wrentham  
State: MI  
Zip: 49785  
Business Address: Radius Health, Inc.  
4 Gatehall Drive, 2nd Floor  
City: Parsippany  
State: NJ  
Zip: 07054  
Home Phone: 817-714-4137  
Business Phone: 973-385-1773  
Fax: 973-885-1689

**Nick Harvey**  
Full Name (first, middle, last): Brian Nicholas Harvey  
Title: Chief Financial Officer, Senior Vice President  
Previous Name(s) / Maiden Name: -  
Home Address: 4 Clifford St.  
City: Wellesley  
State: MA  
Zip: 02482  
Business Address: Radius Health, Inc.  
950 Winter Street  
City: Waltham  
State: MA  
Zip: 02451  
Home Phone: 781-295-4264  
Business Phone: 617-551-4008  
Fax: 617-551-4701

**Brent Smith-Schoch**  
Full Name (first, middle, last): Brent M. Smith-Schoch  
Title: General Counsel, Senior Vice President  
Previous Name(s) / Maiden Name: -  
Home Address: 45 Homewood Road  
City: Wrentham  
State: MA  
Zip: 02488  
Business Address: Radius Health, Inc.  
950 Winter Street  
City: Waltham  
State: MA  
Zip: 02451  
Home Phone: 781-386-7284  
Business Phone: 617-551-4004  
Fax: 617-551-4701

**Gary Hattersley**  
Full Name (first, middle, last): Gary Hattersley  
Title: Chief Scientific Officer  
Previous Name(s) / Maiden Name: -  
Home Address: 22 Brandywine Circle  
City: Sioux  
State: MA  
Zip: 02778  
Business Address: Radius Health, Inc.  
950 Winter Street  
City: Waltham  
State: MA  
Zip: 02451  
Home Phone: 978-257-1159  
Business Phone: 617-551-4028  
Fax: 617-551-4701

**Gineth Parandera**  
Full Name (first, middle, last): Gineth Madhav Parandera  
Title: Head of Global Oncology, Senior Vice President  
Previous Name(s) / Maiden Name: -  
Home Address: 1A Richmond Circle  
City: Lexington  
State: MA  
Zip: 02421  
Business Address: Radius Health, Inc.  
950 Winter Street  
City: Waltham  
State: MA  
Zip: 02451  
Home Phone: 617-469-7441  
Business Phone: 617-551-4011  
Fax: 617-551-4701

10 SEP - 5 AM 9:41  
TELE STATE  
SECRETARY OF  
FLORIDA  
TALLAHASSEE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "RADIUS HEALTH, 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 THIRD DAY OF JUNE, A.D. 2016.

16 SEP -6 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20164273929

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Authentication: 202426149

Date: 06-03-16