2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 16, 2007
Secretary of State

DOCUMENT# L04000009472

Entity Name: VISTAKON PHARMACEUTICALS, LLC

Current Principal Place of Business:

7500 CENTURION PKWY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7500 CENTURION PKWY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-0948197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TREMEL, S J

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	MAIOLO, R W	
Address:	10301 DEERWOOD PARK BLVD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	VP	( ) Delete
Name:	WICHERT, C A	
Address:	10301 DEERWOOD PARK BLVD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	T	( ) Delete
Name:	TREMEL, S J	
Address:	7500 CENTURION PKWY, STE 100	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	S	( ) Delete
Name:	KAUFMAN, M A	
Address:	ONE JOHNSON & JOHNSON PLAZA	
City-St-Zip:	NEW BRUNSWICK, NJ 08933	
Title:	AS	( ) Delete
Name:	BIRIBAUER, R F	
Address:	ONE JOHNSON & JOHNSON PLAZA	
City-St-Zip:	NEW BRUNSWICK, NJ 08933	
Title:	AS	( ) Delete
Name:	CRISAN, J T	
Address:	ONE JOHNSON & JOHNSON PLAZA	
City-St-Zip:	NEW BRUNSWICK, NJ 08933	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TREMEL, S J T 05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date