

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90169 040 ***138.75

DOCUMENT # L04000009472

1. Entity Name
VISTAKON PHARMACEUTICALS, LLC



Principal Place of Business
**7500 CENTURION PKWY
JACKSONVILLE, FL 32256**

Mailing Address
**7500 CENTURION PKWY
JACKSONVILLE, FL 32256**

30004211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

59-0948197

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **MAIOLO, R W**
STREET ADDRESS **10301 DEERWOOD PARK BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **VP** ☐ Delete
NAME **WICHERT, C A**
STREET ADDRESS **10301 DEERWOOD PARK BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **T** ☐ Delete
NAME **TREMEL, S J**
STREET ADDRESS **7500 CENTURION PKWY, STE 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **S** ☒ Delete
NAME **KAUFMAN, M A**
STREET ADDRESS **ONE JOHNSON & JOHNSON PLAZA**
CITY-ST-ZIP **NEW BRUNSWICK, NJ 08933**

TITLE **AS** ☐ Delete
NAME **BIRIBAUER, R F**
STREET ADDRESS **ONE JOHNSON & JOHNSON PLAZA**
CITY-ST-ZIP **NEW BRUNSWICK, NJ 08933**

TITLE **AS** ☐ Delete
NAME **CRISAN, J T**
STREET ADDRESS **ONE JOHNSON & JOHNSON PLAZA**
CITY-ST-ZIP **NEW BRUNSWICK, NJ 08933**

10. ADDITIONS/CHANGES:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

S.J. Tremel, Jr. 4/14/08 904-443-1000

Date

Daytime Phone #

Vistakon Pharmaceuticals, LLC
7500 Centurion Parkway Suite 100
Jacksonville, FL 32256

ATTACHMENT

50004211

L04000009472

Officers of Business
As of Date 01/02/2008

President
Maiolo, Robert W.
7500 Centurion Parkway Suite 100
Jacksonville, FL 32256

Vice President
Wichert, Cathy A.
7500 Centurion Parkway Suite 100
Jacksonville, FL 32256

Treasurer
Tremel, Stephen J.
7500 Centurion Parkway Suite 100
Jacksonville, FL 32256

Secretary, Director
Malin, Madonna M.
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

Secretary
Biribauer, Richard F
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

Secretary
Crisan, John T.
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

Secretary
Hope, Ruby T
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

Secretary
Rosenberg, Steven M.
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

Secretary
Sharkey, John F
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933