

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009472

FILED  
Feb 16, 2011  
Secretary of State

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 ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: S  
Name: MALIN, MADONNA M  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: T  
Name: TREMEL, S J  
Address: 7500 CENTURION PKWY, STE 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS  
Name: HOPE, RUBY T  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: AS  
Name: CRISAN, J T  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: AS  
Name: ROSENBERG, STEVEN M  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: AS  
Name: SHARKEY, JOHN F  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

I hereby 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: STEPHEN J TREMEL, JR

T

02/16/2011

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