

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051193

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SAINT JUDE PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

1768 PARK CENTER DRIVE  
SUITE 350  
ORLANDO, FL 32835

**New Principal Place of Business:**

2295 SOUTH HIWASSEE ROAD  
SUITE 209  
ORLANDO, FL 32835

**Current Mailing Address:**

1768 PARK CENTER DRIVE  
SUITE 350  
ORLANDO, FL 32835

**New Mailing Address:**

2295 SOUTH HIWASSEE ROAD  
SUITE 209  
ORLANDO, FL 32835

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHDJI, STEVE  
1768 PARK CENTER DRIVE  
SUITE 350  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

ASHDJI, STEVE  
2295 SOUTH HIWASSEE ROAD  
SUITE 209  
ORLANDO, FL 32835 US

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: STEVE ASHDJI

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASHDJI, FOUAD  
Address: 2295 SOUTH HIWASSEE ROAD  
City-St-Zip: ORLANDO, FL 32835

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: FOUAD ASHDJI

MGR

04/30/2012

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