Division of Corporations Public Access System

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Division of Corporations

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

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SORPORATION NO.	EIGN LIMITED LIA Three Rivers Pharma	BILITY CON	IPANY
49	Certificate of Status	0	-
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN
1. Three RIVERS PHARMACEUTICALS, LLC	
(Name of foreign limited liability company) 2. PENNSWANTA 3. 25-1859179 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
4. AOR 1 4 2000 5. TEROE type (Duration) Year limited liability company will cease exist or "perpetual")	e to
6. April 12, 2004 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 312 COMMIRCE PARK DRIVE	,,
CRANDWELL TOWNShip, PA 16066	
(Street address of principal office)	2 2
8. If limited liability company is a manager-managed company, check here	Z- VIII 10
9. The name and usual business addresses of the managing members or managers are as follows:	-7
Paul F. FAGAN	?
EXECUTIVE VICE PRESIDENT AND GENERAL COUNSE!	-
312 Commerce fack Dairs	in w
CRANDSRAY Township, PA 16066	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under outh of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Salz of prescription drug products	·
5	
Signature of a member of an authorized representative of a member. (In accordance with section 608, 506(2), U.B., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Paul F. Fagen, J.D., CPA Exemplified dipation of design and accused.	والعامية الم

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

STATE OF FL	ORIDA					
	of the Limited Liability Con Rivers Pharm	• •	ls, LLC			
2. The name a	and the Plorida street address	s of the registere	ed agent and office	: बाह्:		
	ст	Corporation System	m			
		(Namo)				
	c/o CT Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)					
	Plantation,	FL	33324			
	'!	(City/State/Zip)				
liability compa registered agen statutes relating	amed as registered agent and ny at the place designated in it and agree to act in this cap g to the proper and complete gutions of my position as reg	this certificate, . Pacity. I further : performance of	I hereby accept the agree to comply w my duties, and I a	e appointment as ith the provisions of all m familiar with and		
By: Luan	CT Comporation System One of the component of the compon					
	\$ 100.00	Filing Fee fo	or Application			
	5 25.00		of Registered Ag	ent		

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

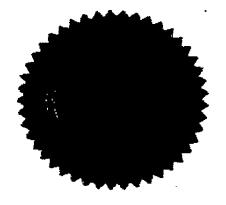
April 29, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THREE RIVERS PHARMACEUTICALS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused, the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

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