

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006894

FILED
Apr 10, 2010
Secretary of State

Entity Name: GRACEWAY PHARMACEUTICALS, LLC

Current Principal Place of Business:

340 MLK, JR., BLVD., SUITE 500
BRISTOL, TN 37620

New Principal Place of Business:

340 MARTIN LUTHER KING, JR. BLVD., STE 500
BRISTOL, TN 37620 US

Current Mailing Address:

340 MLK, JR., BLVD., SUITE 500
BRISTOL, TN 37620

New Mailing Address:

340 MARTIN LUTHER KING, JR. BLVD., STE 500
BRISTOL, TN 37620 US

FEI Number: 14-1965385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: MGR
Name: GREGORY, JEFFERSON J
Address: 340 MARTIN LUTHER KING, JR. BLVD., STE 500
City-St-Zip: BRISTOL, TN 37620 US

Title: MGR
Name: JANOTTA JR., EDGAR D
Address: 340 MARTIN LUTHER KING, JR. BLVD., STE 500
City-St-Zip: BRISTOL, TN 37620 US

Title: MGR
Name: MIHAS, CONSTANTINE
Address: 340 MARTIN LUTHER KING, JR. BLVD., STE 500
City-St-Zip: BRISTOL, TN 37620 US

Title: MGR
Name: MOCCIA, ROBERT J
Address: 340 MARTIN LUTHER KING, JR. BLVD., STE 500
City-St-Zip: BRISTOL, TN 37620 US

Title: MGR
Name: YON, XAVIER
Address: 340 MARTIN LUTHER KING, JR. BLVD., STE 500
City-St-Zip: BRISTOL, TN 37620 US

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: MANDELIN HENDRICKS

POA

04/10/2010

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