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(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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AUG - 2 2012

EXAMINER



600237659306

RECEIVED  
DEPARTMENT OF STATE  
12 AUG - 1 PM 4:20

FILED  
12 AUG - 1 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 277514 7581251

AUTHORIZATION :

A handwritten signature in cursive script, appearing to read "Lyndee Heman", is written over the authorization field.

COST LIMIT : \$ 25.00

ORDER DATE : July 16, 2012

ORDER TIME : 3:51 PM

ORDER NO. : 277514-075

CUSTOMER NO: 7581251

FOREIGN FILINGS

NAME: APP PHARMACEUTICALS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: APP Pharmaceuticals, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/4/2009

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 8/1/2012
5. New name of the limited liability company: Fresenius Kabi USA, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Jack C. Silhavy, Authorized Representative

Typed or printed name of signer

**Filing Fee: \$25.00**

FILED  
12 AUG - 1 AM 11:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "APP PHARMACEUTICALS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FRESENIUS KABI USA, LLC", THE FIRST DAY OF AUGUST, A.D. 2012, AT 8:31 O'CLOCK A.M.

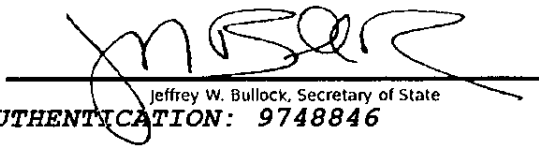
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4373141 8320

120892292

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9748846

DATE: 08-01-12