

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005768

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** NORGENIX PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

101 W ST JOHN ST  
SPARTAN CENTRE - STE 307  
SPARTANBURG, SC 29306

**New Principal Place of Business:**

**Current Mailing Address:**

101 W ST JOHN ST  
SPARTAN CENTRE - STE 307  
SPARTANBURG, SC 29306

**New Mailing Address:**

**FEI Number:** 26-1990211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIMERSON, CHARLES B  
2124 PARK ST  
JACKSONVILLE, FL 32204 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: JM SMITH CORPORATION  
Address: 101 W ST JOHN ST - STE 305  
City-St-Zip: SPARTANBURG, SC 29306

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: E.P. MARTIN

MR

03/11/2011

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