

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90021 001 ***300.00

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1. Entity Name
KOS PHARMACEUTICALS, INC.



Principal Place of Business
**2200 NORTH COMMERCE PARKWAY
SUITE 300
WESTON, FL 33326 US**

Mailing Address
**ATTN: ACCOUNTS PAYABLE DEPT.
2100 NORTH COMMERCE PARKWAY
WESTON, FL 33326**

66000690



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0670898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
STE. #3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
ADAMS, ADRIAN
2200 NORTH COMMERCE PARKWAY, SUITE 300
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NOVITCH, MARK
3558 ALBEMARIE STREET, NW
WASHINGTON, DC 20008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAHARIS, STEVEN
2800 LAKE SHORE DR., #2316
CHICAGO, IL 60657**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITEMORE, FREDERICK B
1251 AVE OF THE AMERICAS, 23FL
NEW YORK, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADEMAs, JOHN
53 WASHINGTON SQ S 3RD FL
NEW YORK, NY 100121098**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRUITT, WILLIAM D
274 VELEROS COURT
CORAL GABLES, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #