

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90160 016 ***150.00

DOCUMENT # P96000053994

1. Entity Name
KOS PHARMACEUTICALS, INC.



Principal Place of Business
**1001 BRICKELL BAY DR
25TH FLOOR
MIAMI FL 33131
US**

Mailing Address
**%HOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0670898**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAHARIS, MICHAEL
1001 BRICKELL BAY DRIVE, 25TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President & CEO
Adams, Adrian
1001 Brickell Bay Drive, 25th Floor
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, DANIEL M
1001 BRICKELL BAY DRIVE, 25TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Novitch, Mark
3558 Albemarle Street, NW
Washington, DC 20008** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Baldini, Robert E.
5 Olde Greenhouse Lane
Madison, NJ 07940** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Madias, Nicolaos
136 Harrison Ave., Sackler 828
Boston, MA 02111** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADEMAS, JOHN
53 WASHINGTON SQ S 3RD FL
NEW YORK NY 10012-1098** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LASAGNA, LOUIS C
3538 ALBEMARLE ST, NW
BOSTON MA 20008** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan F. Rodriguez

2/13/02 (305) 577-3464

Date

Daytime Phone #

CR2E034 (10/02)