

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005836

Entity Name: CATALYST PHARMACEUTICALS, INC.**Current Principal Place of Business:**355 ALHAMBRA CIRCLE
SUITE 1250
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIRCLE
SUITE 1250
CORAL GABLES, FL 33134 US**FEI Number:** 76-0837053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** ANGEL NUNEZ

01/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOC
Name MCENANY, PATRICK J
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title CFOT
Name GRANDE, ALICIA
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name O'KEEFFE, CHARLES B
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name COELHO, PHILIP H
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name TIERNEY, DAVID S
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DENKHAUS, DONALD A
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DALY, RICHARD
Address 355 ALHAMBRA CIRCLE
 SUITE 1250
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA GRANDE

CFO

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date