



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. ID No. 000161434

2. Exact Name of the Limited Liability Company Novis Pharmaceuticals, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Pharmaceutical Wholesale

5. Principal Office Address

No. and Street: 5000 SW 75 AVENUE, STE 121

City or Town: MIAMI

State: FL Zip: 33155 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 5000 SW 75 AVENUE, STE 121

City or Town: MIAMI

State: FL Zip: 33155 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS E. BURKE	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA
MANAGER	JAY LEVIN	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA
MANAGER	JORGE RODRIGUEZ	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA
MANAGER	JUAN C PENA	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA
MANAGER	WILLIAM SCOTT WISE	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA
MANAGER	JOSEPH ZEIGLER	5000 SW 75 AVENUE, STE 121 MIAMI, FL 33155 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of May, 2010 at 6:12:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS E. BURKE, III
Signature of Authorized Person

Form No. 632
Revised 09/07