

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004949

Entity Name: PACIRA PHARMACEUTICALS, INC.**Current Principal Place of Business:**5 SYLVAN WAY
SUITE 300
PARSIPPANY, NJ 07054**Current Mailing Address:**5 SYLVAN WAY
SUITE 300
PARSIPPANY, NJ 07054 US**FEI Number:** 33-0387911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name STACK, DAVID
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title CAO
Name WILLIAMS, JD, KRISTEN
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title DIRECTOR
Name HASTINGS, PAUL
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title DIRECTOR
Name WICKI, ANDREAS
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title CFO
Name REINHART, CHARLES A. III
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title CHAIRMAN OF THE BOARD
Name STACK, DAVID
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title DIRECTOR
Name BREGE, LAURA
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Title VP, FINANCE
Name RIKER, LAUREN
Address 5 SYLVAN WAY
SUITE 300
City-State-Zip: PAR SIPPANY NJ 07054

Continues on page 2

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: DAVID STACK

CEO

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name REINHARDT, MAX
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054

Title CHIEF TECHNICAL OFFICER
Name LARANJEIRA, CHARLES
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054

Title CMO
Name MANNING, DONALD
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054

Title SECRETARY
Name WILLIAMS, JD, KRISTEN
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054

Title CHIEF CUSTOMER OFFICER
Name MCLOUGHLIN, DENNIS
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054

Title CHIEF CLINICAL OFFICER
Name WINSTON, ROY
Address 5 SYLVAN WAY
 SUITE 300
City-State-Zip: PARSIPPANY NJ 07054