

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004949

**Entity Name:** PACIRA PHARMACEUTICALS, INC.**Current Principal Place of Business:**5 SYLVAN WAY, SUITE 100  
PARSIPPANY, NJ 07450**Current Mailing Address:**5 SYLVAN WAY, SUITE 100  
PARSIPPANY, NJ 07450**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	P
Name	STACK, DAVID
Address	5 SYLVAN WAY
City-State-Zip:	PARSIPPANY NJ 07054

Title	D
Name	BREGE, LAURA
Address	5 SYLVAN WAY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	WICKI, ANDREAS
Address	5 SYLVAN WAY, SUITE 100
City-State-Zip:	PARSIPPANY NJ 07450

Title	S
Name	SCIBETTA, JAMES
Address	5 SYLVAN WAY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	HASTINGS, PAUL
Address	5 SYLVAN WAY, SUITE 100
City-State-Zip:	PARSIPPANY NJ 07450

Title	VP, GENERAL COUNSEL
Name	WILLIAMS, KRISTEN
Address	5 SYLVAN WAY, SUITE 100
City-State-Zip:	PARSIPPANY NJ 07450

*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:** KRISTEN WILLIAMS

VP, GENERAL COUNSEL 03/31/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date