

2017 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, SUITE300
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	PRESIDENT
Name	STACK, DAVID
Address	5 SYLVAN WAY, SUITE 300
City-State-Zip:	PARSIPPANY NJ 07054

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

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

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

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

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

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**SECRETARY****06/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date