

**2018 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            TREASURER / CFO  
Name            REINHART, CHARLES A. III  
Address        5 SYLVAN WAY  
                 SUITE 300  
City-State-Zip:   PARSIPPANY NJ 07054

Title            PRESIDENT / CEO / DIRECTOR  
Name            STACK, DAVID  
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            HASTINGS, PAUL  
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

Title            SECRETARY  
Name            WILLIAMS, KRISTEN  
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****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date