

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT <small>(In accordance with Public Law 92-387)</small>				FDA USE ONLY RE 61452		FDA USE ONLY 2005 AUG 3	
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 301).						LABELER CODE 015449	REGISTRATION NUMBER 3005293038
SECTION A - SITE INFORMATION							
REPORTING FIRM NAME VENUS PHARMACEUTICALS INTERNATIONAL INC						STATE OF INC. NY	
SITE ADDRESS (No P.O. Box) 50-B EXECUTIVE BLVD						SITE TELEPHONE NUMBER (631) 249-4140	
CITY FARMINGDALE		STATE NY	ZIP CODE 11735	COUNTRY USA		BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY	
SITE MAILING ADDRESS (if different from site address)							
CITY		STATE	ZIP CODE	COUNTRY		SITE INTERNET/EMAIL ADDRESS	
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)							
PARENT COMPANY NAME							
REASON(S) FOR SUBMISSION <input checked="" type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Re-Registration <input checked="" type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change				TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other		PERSON SUBMITTING DATA AND TELEPHONE S. B. KAKUMARU (631) 249-4140	
<input type="checkbox"/> Address Change <input type="checkbox"/> Mergers/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business				BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Packager <input type="checkbox"/> Retailer <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other			
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence							
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code 50-B EXECUTIVE BLVD						TELEPHONE NUMBER (631) 249-4140	
CITY FARMINGDALE		STATE NY	ZIP CODE 11735	COUNTRY USA		COMPLIANCE INTERNET/EMAIL ADDRESS	
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION							
NAME OF OWNER, PARTNERS OR OFFICERS			TITLE		POSITION		
					RECEIVED		
					APR 2 8 2005		
					ORLS		
OTHER FIRMS DOING BUSINESS AT THIS SITE							
LABELER CODE	FIRM NAME		LABELER CODE	FIRM NAME			
SECTION D - SIGNATURE							
SIGNATURE OF AUTHORIZING OFFICIAL 				TITLE VICE PRESIDENT QC		DATE 4/18/05	
*DISTRIBUTOR'S CERTIFICATION: As a Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.							
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION INFORMATION MANAGEMENT TEAM, HFD-096 5000 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRUGLISTING@CDER.FDA.OV				SIGNATURE OF DISTRIBUTOR			
				DISTRIBUTOR'S TELEPHONE NUMBER ()			