

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan MOVA PHARMACEUTICAL CORPORATION CODA PROFIT SHARING PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1998	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MOVA PHARMACEUTICAL CORPORATION P.O. BOX 8639 CAGUAS, PR 00726-8639	2b Employer Identification Number (EIN) 66-0429210	2c Sponsor's telephone number 787-746-8500	2d Business code (see instructions) 325410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	CAROLINA RAMPOLLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MOVA PHARMACEUTICAL CORPORATION P.O. BOX 8639 CAGUAS, PR 00726-8639	3b Administrator's EIN 66-0429210 3c Administrator's telephone number 787-746-8500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	740
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	456
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	447
d Subtotal. Add lines 6a , 6b , and 6c	6d	903
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	903
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	834
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 3C 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan MOVA PHARMACEUTICAL CORPORATION CODA PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOVA PHARMACEUTICAL CORPORATION	D Employer Identification Number (EIN) 66-0429210

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UBS TRUST COMPANY OF PUERTO RICO

66-0532499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 63 99	TRUSTEE	8786	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

BENEFIT PLAN ADMIN SERVICES, INC.

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 99 19	NONE	2807	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MOVA PHARMACEUTICAL CORPORATION CODA PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOVA PHARMACEUTICAL CORPORATION	D Employer Identification Number (EIN) 66-0429210	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6802	4089
(2) Participant contributions	1b(2)	21515	11722
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	896259	930726
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4184434	4574751
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5109010	5521288

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5109010	5521288
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	111299	
(B) Participants	2a(1)(B)	363685	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		474984
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	429912	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		429912
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		904896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	481026	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		481026
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11592	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		492618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		412278
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM ROC & COMPANY

(2) EIN: 66-0388756

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MOVA PHARMACEUTICAL CORPORATION CODA PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOVA PHARMACEUTICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>66-0429210</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>66-0532499</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

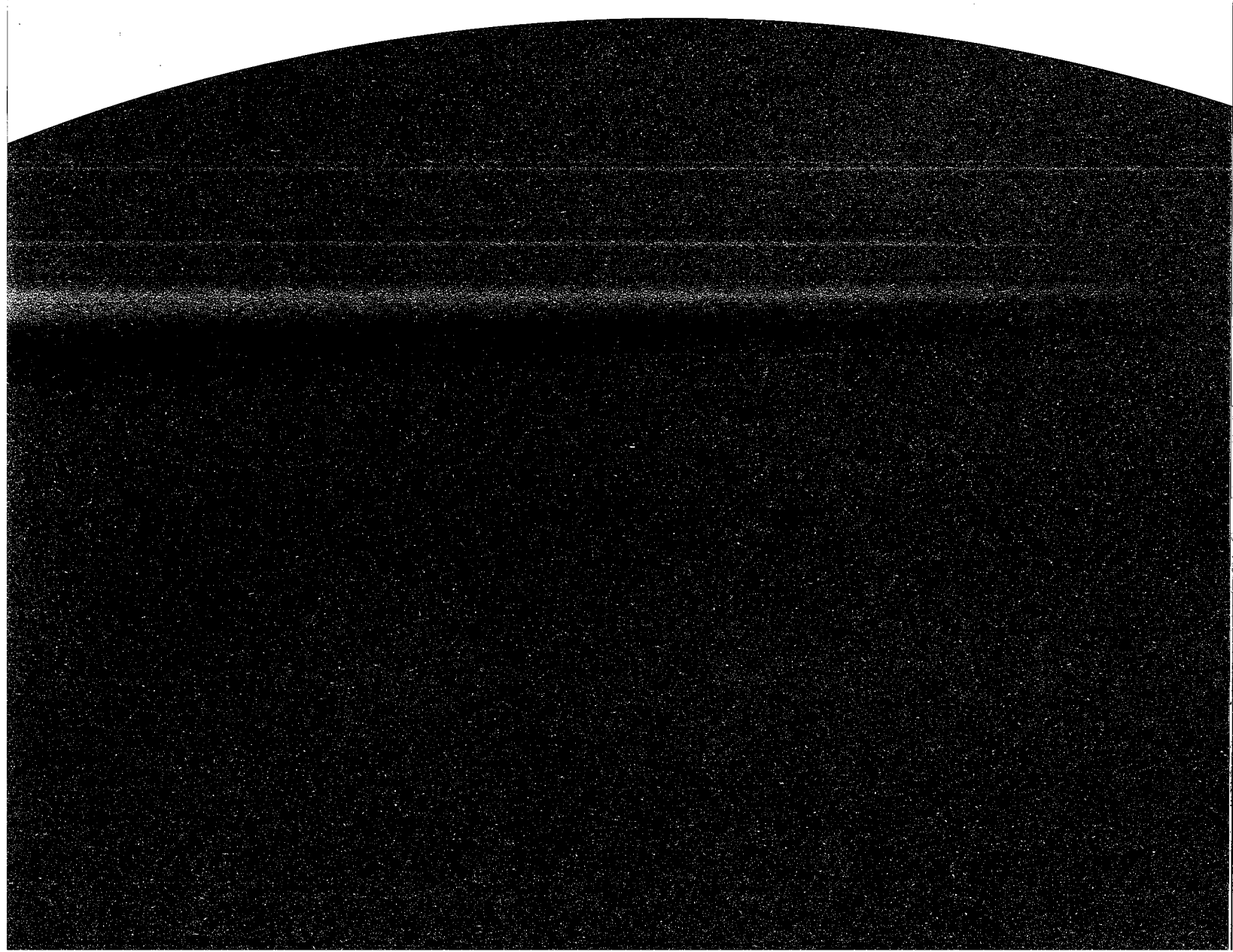
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

RSM! ROC & Company

Certified Public Accountants & Consultants

Mova Pharmaceutical Corporation Cash or Deferred Arrangement Profit Sharing Plan

Financial Statements and Supplemental Schedules
December 31, 2010 and 2009



RSM ROC & Company

Certified Public Accountants & Consultants

RSM ROC & Company
PO Box 10528
San Juan, PR 00922-0528
787.751.6164 F 787.759.7479
www.rocpr.net

To: The Plan Administrator of
Mova Pharmaceutical Corporation
Cash or Deferred Arrangement Profit Sharing Plan

INDEPENDENT AUDITORS' REPORT

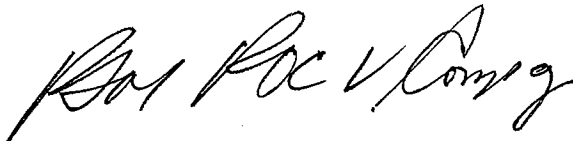
We were engaged to audit the accompanying statements of net assets available for benefits of Mova Pharmaceutical Corporation Cash or Deferred Arrangement Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4a-Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hand Benefits & Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certification from the Custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Because of the significance of information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

San Juan, Puerto Rico
September 16, 2011.

Stamp No. E13273 was affixed to
the original of this report.



MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2010 and 2009

	2010	2009
ASSETS :		
Investments, at fair value	<u>\$ 5,505,477</u>	<u>\$ 5,080,693</u>
Receivables-		
Employer's contribution	4,089	6,802
Participants' contributions	<u>11,722</u>	<u>21,515</u>
	<u>15,811</u>	<u>28,317</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,521,288</u>	<u>\$ 5,109,010</u>

The accompanying notes are an integral part of these financial statements.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income-	
Net appreciation in fair value of investments	\$ 335,283
Interest and dividends	<u>94,629</u>
	<u>429,912</u>
 Contributions-	
Participants	363,685
Employer	<u>111,299</u>
	<u>474,984</u>
	<u>904,896</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	481,026
Administrative expenses	<u>11,592</u>
	<u>492,618</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 412,278

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>5,109,010</u>
 End of year	<u>\$ 5,521,288</u>

The accompanying notes are an integral part of this financial statement.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2010

1) Description of Plan:

The following brief description of Mova Pharmaceutical Corporation Cash or Deferred Arrangement Profit Sharing Plan (the Plan) is provided for general purposes only. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

- A) General – The Plan is a defined contribution plan and a non-domiciled US profit sharing plan, with cash or deferred arrangement (CODA), which is qualified under Section 1165(a) of the Puerto Rico Internal Revenue Code only. It is sponsored by a Puerto Rican employer and covers only Puerto Rican residents. The Plan covers all full-time employees of Patheon P.R., Inc. (the Employer, formerly Mova Pharmaceutical Corporation) who have three (3) or more months of service and are age twenty-one (21) or older. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is in the process of changing its name from Mova Pharmaceutical Corporation Cash or Deferred Arrangement Profit Sharing Plan to Patheon Puerto Rico, Inc. Retirement Plan.

- B) Contributions – Represents amounts contributed to the participants' accounts as described below:

- i) Participant's contributions – As of December 31, 2010, and as permitted by current law, the maximum annual contribution were \$9,000. Refer to Note 9 for future amendments to contribution limits established by the Puerto Rico Internal Revenue Code
- ii) Employer's contributions – The Employer shall make a matching contribution up to 6 percent of participant compensation of the pre-tax contribution to the Plan on behalf of participants for each month during any Plan year as follows:

<u>Years of services</u>	<u>Hourly</u>	<u>Non hourly</u>
More than 15 years of service	\$ 0.60 per \$1.00	\$ 0.55 per \$1.00
More than 10 years but less than 15	\$ 0.50 per \$1.00	\$ 0.45 per \$1.00
More than 5 years but less than 10	\$ 0.35 per \$1.00	\$ 0.30 per \$1.00
More than 0 year but less than 5	\$ 0.30 per \$1.00	\$ 0.25 per \$1.00

The Employer may also make profit sharing contributions to the Plan on account of any Plan year, in one or more installments in an amount determined by the Employer on behalf of each participant who is an eligible employee of that Plan year and who has made either pre-tax or after-tax contributions during that Plan year. Employer's matching and profit sharing contributions may not exceed the maximum amount deductible from the Employer's income for that Plan year under section 1023(n) of the Internal Revenue Code of Puerto Rico of 1994 (PRIRC).

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2010

- iii) Rollover contributions – The Plan may receive from a participant any amount previously received by a participant from a qualified plan. The Plan may receive such amount either directly from the participant or from a qualified plan in a trust-to-trust transfer.
- C) Participant accounts – Each participant's account is credited with the participant's contribution and an allocation of (a) the Employer's contribution, (b) Plan earnings, and forfeitures of terminated participants' nonvested accounts.
- D) Vesting – Participants are immediately vested in their rollover contributions plus actual earnings thereon. Vesting in the participants' and the Employer's contributions plus earnings thereon is based on years of service. A participant is 100 percent vested after three years of credited service.
- E) Loans – Loans to participants from the Plan are not permitted.
- F) Investment options – Participants may decide how contributions allocated to them are invested among one or more of eight mutual funds. Any investment election may be changed on line and are effective immediately.
- G) Payments of benefits – All payment of benefits from the Plan are in form of a single lump sum payment. Distributions can be paid due to a participant's retirement, death, or termination of employment, subject to conditions stated in the Plan agreement.
- H) Withdrawals during employment – As of any valuation date, the participant may elect to withdraw all or any portion of his/her after-tax contribution account and rollover contribution account. No withdrawal will be allowed by a participant from his/her pre-tax contribution account, employer profit sharing contribution account and employer matching contribution account.
- I) Hardship withdrawals – Participants may elect to make withdrawals from his/her pre-tax contribution account in the event of a financial hardship. It will be permitted only if the Plan Administrator or the Committee determines that a participant has an immediate and heavy financial need that a withdrawal from the Plan is necessary in order to satisfy such need in accordance with applicable regulations.
- J) Forfeited allocations – As of December 31, 2010 and 2009, forfeited non-vested accounts totaled \$611 and \$45,556, respectively. These accounts will be used to pay for Plan expenses and any remaining part to reduce future Employer matching contributions.
- K) Transfer of assets to other plans – Employees upon termination or resignation, or retirees upon retirement, may elect to transfer their savings to other plans qualified by the Puerto Rico Treasury Department or by the U.S. Internal Revenue Service.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2010

2) Summary of significant accounting policies:

The most significant accounting policies followed by the Plan are summarized below:

- A) Basis of accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America under the accrual basis of accounting, in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employees Retirement Income Security Act of 1974.
- B) Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.
- C) Fair value measurements – ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2- Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

- D) Investments Valuation and Income recognition – The Plan's investments are stated at fair value based on quoted market prices. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest is recorded on the accrual method. The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consist of realized gains or losses and the unrealized appreciation or depreciation on those investments.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

- E) Contributions – Employer and participants' contributions are recorded in the Plan year in which the Employer makes the payroll deductions.
- F) Benefits – Benefits payments to participants are recorded upon distribution.
- G) Administrative expenses – Are recorded when incurred.

3) Information certified by the custodians:

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the custodian, Hand Benefits & Trust Company, as of December 31, 2010 and 2009, respectively, except for comparing such information certified by the Custodian to the information included in the Plan's financial statements and supplemental schedule.

The following table presents the fair value of each of the participant-directed investments and related net appreciation in fair value and interest and dividends that were certified by the custodians:

Description	December 31,	
	2010	2009
Mutual funds:		
American Funds Bond Fd Am A	\$ 1,374,100*	\$ 1,283,109*
Federated Prime Oblig SS	930,726*	896,259*
American Funds Inv Co Am A	1,006,849*	915,006*
American Funds Growth Fnd A	909,237*	824,291*
American Funds Europacific A	791,554*	739,646*
Invesco Mid-Cap Equity Fund	242,644	213,760
JP Morgan Div Mid Cap Value	214,143	176,502
American Funds Am Balanced A	36,224	32,120
	<u>\$ 5,505,477</u>	<u>\$ 5,080,693</u>
Net appreciation in fair value of investments	<u>\$ 335,283</u>	
Interest and dividends	<u>\$ 94,629</u>	

* Investments that represent 5% or more of the Plan's net assets.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2010

4) Fair value measurements

As of December 31, 2010, the fair values of the Plan's assets are as follows:

Description	Level	2010	2009
Mutual funds-			
Growth funds	1	\$ 909,237	\$ 824,291
Balanced funds	1	3,222,140	2,973,293
Bonds	1	1,374,100	1,283,109
		<u>\$ 5,505,477</u>	<u>\$ 5,080,693</u>

5) Plan termination:

Although it has not expressed any intent to do so, the Employer has the right under Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6) Tax status:

The Plan obtained a determination letter on September 8, 2003, in which the Puerto Rico Department of the Treasury stated that the Plan, as then designed, was in compliance with the applicable requirements of the Income Tax Act and, accordingly, is exempt from Puerto Rico income tax. The Plan is not a qualified plan under Section 401(a) of the US Internal Revenue Code. The Plan is a non-domiciled US profit sharing Plan with a cash or deferred arrangement (CODA) which is qualified under Section 1165(a) of the Puerto Rico Internal Revenue Code only. It is sponsored by a Puerto Rican employer and covers only Puerto Rican residents. The employer has not made an election under Section 1022(i) of ERISA to be covered by Title II and is, therefore, not subject to, among others, Sections 401(a), 401(k), 401(m), 403(b), 408, 410(b), 414(r), 415 or 416 of the US Internal Revenue Code.

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax compliance and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to or disclosure in the financial statements to comply with the provisions of these guidelines.

7) Party-in-Interest Transactions

A significant portion of the Plan's investments are shares of mutual funds managed by Hand Benefits & Trust Company, who is also the Plan Trustee. Therefore, these transactions qualify as party-in-interest transactions as defined by ERISA. There were no fees paid by the Hand Benefits & Trust Company during the year ended December 31, 2010. Mova Pharmaceutical Corporation Cash or Deferred Arrangement Profit Sharing Plan is also a party-in-interest, as defined by ERISA. There were no prohibited party-in-interest investments or transactions as of December 31, 2010 and 2009 and for the year ended December 31, 2010.

MOVA PHARMACEUTICAL CORPORATION CASH OR DEFERRED ARRANGEMENT PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2010

8) Risk and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9) Subsequent events:

Effective January 31, 2011, the Puerto Rico Internal Revenue Code was amended to establish new annual contribution limits for plan years beginning in 2011 through 2013, as follows:

<u>Plan year</u>	<u>Limit</u>
2011	\$ 10,000
2012	\$ 13,000
2013	\$ 15,000

In addition, effective January 1, 2012, the amendments to the Puerto Rico Internal Revenue Code establish a new limit to the total annual contributions made by the employer and participants. Those contributions should not exceed the lesser of \$49,000 or the total compensation paid by the Employer to participant during the plan year.

The Plan Administrator has evaluated subsequent events through September 16, 2011, the date on which the financial statements were available to be issued.

**MOVA PHARMACEUTICAL CORPORATION CASH OR
DEFERRED ARRANGEMENT CASH OR PROFIT SHARING PLAN**

ATTACHMENT TO FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2010

(a)	Identity of Issue, borrower, lessor or similar party (b)	Description (c)	Cost (d)	Current Value (e)
	American Funds Bond Fd Am A	Mutual Fund	**	\$ 1,374,100
	Federated Prime Oblig SS	Mutual Fund	**	930,726
	American Funds Inv Co Am A	Mutual Fund	**	1,006,849
	American Funds Growth Fnd A	Mutual Fund	**	909,237
	American Funds Europacific A	Mutual Fund	**	791,554
	Invesco Mid-Cap Equity Fund	Mutual Fund	**	242,644
	JP Morgan Div Mid Cap Value	Mutual Fund	**	214,143
	American Funds Am Balanced A	Mutual Fund	**	36,224
				<u>\$ 5,505,477</u>

Note: The above data was prepared from information certified as completed and accurate by Hand Benefits & Trust Company, the Custodian.

** Cost is not required for participant directed investments.

See accompanying independent auditors' report.

**MOVA PHARMACEUTICAL CORPORATION CASH OR
DEFERRED ARRANGEMENT CASH OR PROFIT SHARING PLAN**

**ATTACHMENT TO FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the year ended December 31, 2010**

Participant contributions transferred late to Plan	Contributions		Contributions Corrected		Contributions Pending Correction in VCFP	Totally fully corrected under Voluntary Fiduciary Correction Program (VCFP) and Prohibited Transaction Exemption 2002-51
	Not corrected		Outside National Family Caregiver Program			
\$ 36,848	N/A		N/A		\$ 36,848	\$ 36,848

See accompanying independent auditors' report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► MOVA PHARMACEUTICAL CORPORATION CODA PROFIT SHARING PLAN

Employer Identification Number: ► 66-042921

For plan year (beginning/ending): ► 01/01/2010-12/31/2010

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Invesco Mid-Cap Equity Fund	Value of Interest in Registered Investment		242,643
	American Balanced Fund	Value of Interest in Registered Investment		36,224
	Bond Fund of America	Value of Interest in Registered Investment		1,374,100
	Europacific Growth Fund	Value of Interest in Registered Investment		791,554
	Federated Prim Oblig SS	Stable Value		930,726
	Growth Fund of America	Value of Interest in Registered Investment		909,237
	Investment Co of America	Value of Interest in Registered Investment		1,006,849
	JP Morgan Div Mid Cap Value	Value of Interest in Registered Investment		214,143