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SECRETARY OF STATE TALLAHASSEE FLORIDA

Sam Mrs.



COVER LETTER

TO:		ndment Section tion of Corporations			
SUBJ	ECT:	Andrx Laboratories, Inc.			
(Name of Corporation)					
DOC	UMEN	T NUMBER: F00000005679			
The e	nclosed	d withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Rob	ert 1. Goldfarb			
(Name of Person)					
	And	rx Corporation			
	(Firm/Company)				
	8151 Peters Road, 4th Floor				
	(Address)				
	Plar	ntation, FL 33324			
(City/State and Zip code)					
For fu	rther ir	nformation concerning this matter, please call:			
Rober	t I. Gold	at (954) 382-7752			
		(Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Andrx Laboratories, Inc.

	(Name of Corporation)	
	F00000005679	
	(Document Number of Corporation (if known)
	Mississippi	
	(Incorporated Under Laws o	f)
	poration is no longer transacting business or conducting af ily surrenders its authority to transact business or conduct a	
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of process that authorized to transact business or conduct affairs in Flor	pased on a cause of action arising during the
The follo	owing is a current mailing address for the corporation:	06 SEC TALI
	8151 Peters Road, 4th Floor	ARE T
	(Mailing Address)	16 PM ASSEEF
	Plantation, FL 33324 (City/ State /Zip)	STATE STATE PORIDA
The corp	poration agrees to notify the Department of State in the future	re of any change in its mailing address.
_		4/25/2006
(3	Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
R	Robert I. Goldfarb MAD Welful	SVP, General Counsel & Secretary
_	(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35