

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124617

FILED
Apr 15, 2004
Secretary of State

Entity Name: ANDRX PHARMACEUTICALS, INC.

Current Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

ATTE:PAMELA RICHARDSON
4955 ORANGE DRIVE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 32-0043602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LODIN, SCOTT
Address: 2915 WESTON ROAD
City-St-Zip: WESTON, FL 33331

Title: DEVP () Delete
Name: LODIN, SCOTT
Address: 4955 ORANGE DR.
City-St-Zip: DAVIE, FL 33314

Title: CEOP () Delete
Name: LANE, RICHARD
Address: 4955 ORANGE DR.
City-St-Zip: DAVIE, FL 33314

Title: EVCT () Delete
Name: MALAHIAS, ANGELO C
Address: 4955 ORANGE DR.
City-St-Zip: DAVIE, FL 33314

Title: S () Delete
Name: GOLDFARB, ROBERT
Address: 4955 ORANGE DR.
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: MALAHIAS, ANGELO C
Address: 2915 WESTON ROAD
City-St-Zip: WESTON, FL 33331

Title: DEVP (X) Change () Addition
Name: LODIN, SCOTT
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: CEO (X) Change () Addition
Name: RICE, THOMAS P
Address: 2915 WESTON ROAD
City-St-Zip: WESTON, FL 33331

Title: P (X) Change () Addition
Name: ROSENTHAL, LAWRENCE
Address: 2915 WESTON ROAD
City-St-Zip: WESTON, FL 33331

Title: S (X) Change () Addition
Name: GOLDFARB, ROBERT
Address: 2915 WESTON ROAD
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT LODIN

DEVP

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date