2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124617

Entity Name: ANDRX PHARMACEUTICALS, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	RS RD., 4TH F DN, FL 33324	LOOR				
Current Mailing Address:				New Mailing Address:		
8151 PETERS RD., 4TH FLOOR PLANTATION, FL 33324			A	311 BONNIE CIRCLE ATTN: SECRETARY CORONA, CA 92880		
FEI Number: 32-0043602 FEI Number Applied For () FEI			FEI Numb	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T 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					2 / eg.e.e.e.	o or regional agent, or beari,
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EVPT () [MALAHIAS, ANG 8151 PETERS R PLANTATION, FL	D 4TH FL	N A	Title: lame: Address: Dity-St-Zip:	PCEO (X) CH CHAO, ALLEN 311 BONNIE CIRC CORONA, CA 928	
Title: Name: Address: City-St-Zip:	CEO () E RICE, THOMAS F 8151 PETERS R PLANTATION, FL	OAD	N A	ītle: lame: lddress: Dity-St-Zip:	CAPPUCCINO, NIC	PORATE LAKES BLVD., SUITE B
Title: Name: Address: City-St-Zip:	P ()E ROSENTHAL, LA 8151 PETERS R PLANTATION, FL	OAD	A	Title: Jame: Address: Dity-St-Zip:	EVP (X) CH RUSSILLIO, THOM 311 BONNIE CIRC CORONA, CA 928	LE
Title: Name: Address: City-St-Zip:	CAPPUCCINO, N 2945 W CORP. L		N A	Title: Name: Nddress: Dity-St-Zip:	SVP (X) CH BUCHEN, DAVID A 311 BONNIE CIRC CORONA, CA 928	LE
Title: Name: Address: City-St-Zip:	SVP ()E GODFARB, ROB 8151 PETERS R PLANTATION, FL	D 4TH FL	N A	Title: Jame: Address: Dity-St-Zip:	SVP (X) CH GIORDANO, THOM 3040 UNIVERSAL WESTON, FL 333	BLVD., STE 150
Title: Name: Address:]()	Delete	N	Title: Name: Address:	SVP () Ch SKARA, SUSAN 311 BONNIE CIRC	nange (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

CORONA, CA 92880

SIGNATURE: DAVID A. BUCHEN SEC 04/19/2007

City-St-Zip: