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| (Business Entity Name) | | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | | |
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ACCOUNT NO. : 072100000032

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COST LIMIT

ORDER DATE: February 26, 2003

ORDER TIME : 4:35 PM

ORDER NO. : 945825-025

CUSTOMER NO: 128640A

CUSTOMER: Pamela Richardson, Paralegal

Andrx Corporation 4955 Orange Drive

Davie, FL 33314

CHANGE OF AGENT

NAME: ANDRY PHARMACEUTICALS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, . | Florida Statutes, |
|--|------------------------|
| this statement of change is submitted for a corporation organized under the laws of the | State of |
| Florida in order to change its registered office or registered agent, or l | both, in the State |
| of Florida. | ~ ~ |
| 1. The name of the corporation: ANDRX PHARMACEUTICALS, INC. | 2003 MAR 20 |
| 2. The principal office address: 2915 Weston Road, Weston, FL 33331 | AF I |
| | 20 |
| 2. The mailing address (if differently const. | TO BE |
| 3. The mailing address (if different): 2915 Weston Road, Weston, FL 33331 | |
| | - 31 - 2 |
| 4. Date of incorporation/qualification: November 21, 2002 Document number: P020 | 000124617 |
| 5. The name and street address of the current registered agent and registered office on fi Florida Department of State: | le with the |
| CorpDirect Agents, Inc. | _ |
| 103 N. Meridian Street, Lower Level | - |
| Tallahassee, FL 32301 | _ |
| The name and street address of the new registered agent (if changed) and /or reg changed): | istered office (if |
| Corporation Service Company | _ |
| 1201 Hays Street (P.O. Box or personal mailbox NOT acceptable) | <u>-</u> |
| Tallahassee, FL 32301 | <u></u> |
| The street address of its registered office and the street address of the business office agent, as changed will be identical. | of its registered |
| Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change. | an officer so |
| Signature of the collect, Chairman to vice chairman of the board) Signature of the collect, Chairman to vice chairman of the board) Scott Lodin, Director (Printed or typed name and title) | |
| Thereby accept the appointment as registered agent and agree to act in this capacity. I firsther agree to comply with the provisions of all statutes relative to the proper and performance of my duties, and I am familiar with and accept the obligation of my pos registered agent. Or, if this document is being filed merely to reflect a change in the office address, I hereby confirm that the corporation has been notified in writing of the | ution as registered |
| Circling L. Harriso 3/19/03 | |
| (Signature of Registered Agent) (Date) If signing on behalf of an entity: Cynthia L. Harris | |
| If signing on behalf of an entity: as its agent | |
| (Consolity) | |

* * * FILING FEE: \$35.00 * * *