2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000124617

1. Entity Name
ANDRX PHARMACEUTICALS SERVICES, INC.
ANDRX PHARMACEUTICALS, INC.

FILED
03 APR 17 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2915 WESTON ROAD WESTON FL 33331	2915 WESTON ROAD WESTON FL 33331

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4955 Orange Drive	Attn: Pamela Richardson
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4955 Orange Drive
City & State Davie, FL	City & State Davie, FL
Zip 33314	Country United States
Zip 33314	Country United States

4. FEI Number
32-0043602
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE FL 32301	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee **FL** Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ **Brian Courtney** **Asst. V. Pres.** DATE: 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LODIN, SCOTT 2915 WESTON ROAD WESTON FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, EVP Scott Lodin 4955 Orange Drive Davie, FL 33314	XX Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, Pres Richard Lane 4955 Orange Drive Davie, FL 33314	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, CFO, Treas Angelo C. Malahias 4955 Orange Drive Davie, FL 33314	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Robert Goldfarb 4955 Orange Drive Davie, FL 33314	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900017553979 04/30/03--01042--018 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Scott Lodin 04/16/03 954-584-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #