FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14792 (6)

1. Corporation Name

NOVEN PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
11960 S.W. 144TH STREET MIAMI FL 33186 US	11960 S.W. 144TH STREET MIAMI FL 33186 US

3. Date Incorporated or Qualified: **06/10/1987**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **59-2767632** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KOLMAN, JAY G.
11960 S.W. 144TH ST.
SUITE 200
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	SABLOTSKY, STEVEN	
STREET ADDRESS	11960 S.W. 144TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	SABLOTSKY, NOREEN	
STREET ADDRESS	11960 S.W. 144TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	GOLDBERG, MITCHELL	
STREET ADDRESS	56 OAKDALE LANE	
CITY-ST-ZIP	ROSLYN HEIGHTS NY	
TITLE	D	☐ DELETE
NAME	BECHER, SHELDON	
STREET ADDRESS	300 SEVILLA, SUITE 215	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	DUBOW, LARENCE	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 250	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BRAGINSKY, SIDNEY	
STREET ADDRESS	SIX STONYWELL COURT	
CITY-ST-ZIP	DIX HILLS NY 11746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] STEVEN SABLOTSKY 4-15-96 253-5C99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)