

F00000005679

ACCOUNT NO. : 072100000032

REFERENCE : 617560

128640A

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: June 11, 2002

ORDER TIME : 2:36 PM

ORDER NO. : 617560-050

CUSTOMER NO: 128640A

CUSTOMER: Pamela Richardson, Paralegal 300008166619--1

Andrx Corporation 4955 Orange Drive

Davie, FL 33331

CHANGE OF AGENT

NAME: ANDRX LABORATORIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

©. Coullistie OCT 0 3 2002



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

October 3, 2002

CSC ATTN: TROY TALLAHASSEE, FL

SUBJECT: ANDRX LABORATORIES, INC.

Ref. Number: F00000005679

give original give as file date.

We have received your document for ANDRX LABORATORIES, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 202A00055594

Division of Corporations - P.O. BOX 6397 Tollaharran El. 11 and

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

the State of Florida	ng statement in order to chan	ige its registered office	or registered agen	er b43,	in
1. The name of the			Ĺ		TI .
ANDRX LABORATO	DRIES, INC.				
2. The mailing addr	ess of the corporation: 2915	WESTON ROAD		TICE R	
FT. LAUDERDAL	2 171 22224	age of the control of		25 f	<u></u>
3. Date of incorpora	ation/qualification: October		nt number: F000000	05679	
	lress of the current registered				 ·· , ·
• •	Scott_Lodin.		÷		
				ī	
	Davie, FL 33314			-	
5. The name and add	ress of the new teststeted age	ent (if changed) and/or a Not Acceptable)	registered office (if o	changed):	·
Corpo	oration Service Company		<u>k. </u>		
1201	Hays Street				
Talla	hassee, FL 32301				
The street address of agent, as changed, w	its registered office and the	street address of the bu	isiness office of its i	egistered	المناهب المحيد
- 0 /	horized by resolution duly ac				
dudionized by the to					· 1
Signature of an of	ficer, chairman or vice chairman of the	e board)	9-30-02		9
			(Date)		
SCOTT LODIN, Secreta	rinted or typed name and title)	<u> </u>			- .
Having been named	is registered agent and to acc accept the appointment as r uply with the provisions of al ties, and I am familiar with	cept service of process egistered agent and ag l statutes relative to th and accept the obligati	ree to act in this ca e proper and compl ion of my position a	l vacity. ete s	
(Signature	of Registered Agent)	(De	Colilos		
If signing on behalf of an	entity: Cynthia L. Har	ris	atc)		
	as its agent				

FILING FEE: \$35.00 * * *