
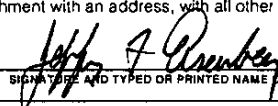


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90086 017 ***150.00

DOCUMENT # P14792 1. Entity Name NOVEN PHARMACEUTICALS, INC.					
Principal Place of Business 11960 S.W. 144TH STREET MIAMI, FL 33186 US			Mailing Address 11960 S.W. 144TH STREET MIAMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2767632	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
5. Name and Address of Current Registered Agent EISENBERG, JEFFERY F 11960 SW 144TH ST. MIAMI, FL 33186					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JOHN, CLARKSON M.D. 1600 NW 10TH AVE ROOM 1143 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pedro P. Granadillo 7218 Tory Lane Naples, Florida 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC STRAUSS, ROBERT 760 SAN BRUNO CORAL GABLES, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naples, Florida 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENKHAUS, DONALD A 10225 S.W. 87 COURT MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naples, Florida 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YETTER, WAYNE P 282 FARM LANE DOYLESTOWN, PA 18901-4714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6420 Old Carversville Road - Box 65 Carversville, Pennsylvania 18913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, ROBERT G 315 SOUTH SHORE DRIVE SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carversville, Pennsylvania 18913	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGINSKY, SIDNEY SIX STONYWELL COURT DIX HILLS, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carversville, Pennsylvania 18913	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2-25-05 305-964-3338		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40035834

10. Officers and Directors (contd.)			11. Additions/Changes to Officers and Directors in 11		
Title	Name	Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title	Name Street Address City-ST-Zip
V	Diane M. Barrett	9925 E. Calusa Club Drive Miami, FL 33186	<input type="checkbox"/> Delete	V	Eduardo G. Abrao 465 N.E. 5 th Court Boca Raton, FL 33432
V/S	Jeffrey F. Eisenberg	16121 SW 83 rd Avenue Miami, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	W. Neil Jones	8261 SW 162 nd Street Miami, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	Juan A. Mantelle	9827 SW 106 Terrace Miami, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition