


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 022 ***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
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40004100



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2767632	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MIHM, JEFF 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	
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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. 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC STRAUSS, ROBERT 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENKHAUS, DONALD A 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YETTER, WAYNE P 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, ROBERT G 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGINSKY, SIDNEY 11960 SW 144TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Jeff Mihm 4/12/2007 305-964-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2007 For Profit Corporation Annual Report

Document No. P14792

Noven Pharmaceuticals, Inc.

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ATTACHMENT

40084105

10. Officers and Directors (contd.)

11.

Additions/Changes to Officers and Directors in 11

Title Name Street Address City-ST-Zip	D Pedro P. Granadillo c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	V W. Neil Jones c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	V Diane M. Barrett c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	V/S Jeffrey F. Eisenberg c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	V Eduardo G. Abrao c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	V Juan A. Mantelle c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition

 Signature

Jeff Mihm
Typed or Printed Name of Signing Officer or Director
Date 4-12-07

ATTACHMENT

40084105

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/S Jeff Mihm c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V Pavan P. Handa c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V Carolyn M. Donaldson c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V James W. Harris, Jr. c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V Richard P. Gilbert c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V Joseph C. Jones c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition



Signature

Typed or Printed Name of Signing Officer or Director

Jeff Mihm

Date

4-12-07