

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P14792

FILED
Oct 07, 2009
Secretary of State**Entity Name:** NOVEN PHARMACEUTICALS, INC.**Current Principal Place of Business:**11960 S.W. 144TH STREET
MIAMI, FL 33186 US**New Principal Place of Business:****Current Mailing Address:**11960 S.W. 144TH STREET
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 59-2767632**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIHM, JEFF
11960 SW 144TH ST.
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHN, CLARKSON M.D.
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: DENKHAUS, DONALD A
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: YETTER, WAYNE P
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: SAVAGE, ROBERT G
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: BRAGINSKY, SIDNEY
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: GRANADILLO, PETRO
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: EISENBERG, JEFFREY F
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change () Addition
Name: MIHM, JEFF
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change () Addition
Name: MICHAEL, PRICE D
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF MIHM

VP

10/07/2009

Electronic Signature of Signing Officer or Director

Date