

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14792

FILED  
Jan 25, 2012  
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: P/D  
Name: EISENBERG, JEFFREY F  
Address: 11960 SW 144TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: C/D  
Name: NAKATOMI, KAZUhide  
Address: 11960 SW 144TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: VC/D  
Name: SUGIYAMA, KOUSUKE  
Address: 11960 SW 144TH STREET  
City-St-Zip: MIAMI, FL 33186

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

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

Title: VP  
Name: WILLAMS, LANCE  
Address: 11960 SW 144TH STREET  
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: JEFF MIHM

VP

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date