

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90077 030 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2767632**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISENBERG, JEFFERY F
11960 SW 144TH ST.
MIAMI FL 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JOHN, CLARKSON M.D.**
STREET ADDRESS **1600 NW 10TH AVE ROOM 1143**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCC** ☐ Delete
NAME **STRAUSS, ROBERT**
STREET ADDRESS **760 SAN BRUNO**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HERZLINGER, REGINA**
STREET ADDRESS **BAKER LIBRARY 163, SOLDIERS FIELD RANCH**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Boston, MA 02163**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YETTER, WAYNE P**
STREET ADDRESS **3445 PEACHTREE ROAD NE STE 1400**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DUBOW, LARENCE**
STREET ADDRESS **4801 EXECUTIVE PARK CT STE 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **DUBOW, LAWRENCE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRAGINSKY, SIDNEY**
STREET ADDRESS **SIX STONYWELL COURT**
CITY-ST-ZIP **DIX HILLS NY 11746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SEE ADD'L CHANGE ATTACHED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

305-964-3338

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # 80069171
P14792

Section 11 – Additional Noven’s Officers:

Title Name Street Address City-ST-ZIP	V/S Jeffrey F. Eisenberg 16121 SW 83 rd Avenue Miami, FL 33157	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 8261 SW 162 nd Street Miami, FL 33157	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 10921 SW 92 nd Avenue Miami, FL 33176	Title Name Street Address City-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9827 SW 106 Terrace
Title Name Street Address City-ST-ZIP	V James B. Messiry 6301 Old Cutler Road Pinecrest, FL 33156	Title Name Street Address City-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition