

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092093

**Entity Name:** IVAX PHARMACEUTICALS NV, LLC**Current Principal Place of Business:**400 INTERPACE PARKWAY  
PARSIPPANY, NJ 07054**Current Mailing Address:**400 INTERPACE PARKWAY  
PARSIPPANY, NJ 07054 US**FEI Number:** 65-0547890**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Authorized Person(s) Detail :**

Title        PRESIDENT, MANAGER  
Name        FOX, CHRISTINE  
Address     400 INTERPACE PARKWAY  
              BLDG. A  
City-State-Zip:   PARSIPPANY NJ 07054

Title        VP, SECRETARY  
Name        SHANAHAN, BRIAN  
Address     145 BRANDYWINE PARKWAY  
City-State-Zip:   WEST CHESTER PA 19380

Title        ASST. TREASURER  
Name        MCCORMACK, DOUGLAS  
Address     400 INTERPACE PARKWAY, BLDG. A  
City-State-Zip:   PARSIPPANY NJ 07054

Title        MANAGER, SR. VICE PRESIDENT AND  
              CFO, COMMERCIAL  
Name        BARBER-LUI, SHARON  
Address     400 INTERPACE PARKWAY  
              BUILDING A  
City-State-Zip:   PARSIPPANY NJ 07054

Title        TREASURER  
Name        PETERSON, DEBRA  
Address     400 INTERPACE PARKWAY, BLDG. A  
City-State-Zip:   PARSIPPANY NJ 07054

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN SHANAHAN****SECRETARY****05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date