

2023 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 DIRECTOR, PRESIDENT

Name DETHLEFS, SVEN

Address 400 INTERPACE PARKWAY

City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR, VP

Name SPARKS , COREY

Address 400 INTERPACE PARKWAY
BUILDING A 400

City-State-Zip: PARSIPPANY NJ 07054

Title VP, SECRETARY

Name SHANAHAN, BRIAN

Address 145 BRANDYWINE PARKWAY

City-State-Zip: WEST CHESTER PA 19380

Title TREASURER

Name PETERSON, DEBRA

Address 400 INTERPACE PARKWAY, BLDG. A

City-State-Zip: PARSIPPANY NJ 07054

Title ASST. TREASURER

Name MCCORMACK, DOUGLAS

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****04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date