

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092093

**Entity Name:** IVAX PHARMACEUTICALS NV, LLC

**Current Principal Place of Business:**

3040 UNIVERSAL BLVD  
WESTON, FL 33331

**Current Mailing Address:**

3040 UNIVERSAL BLVD  
WESTON, FL 33331 US

**FEI Number:** 65-0547890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 MANAGER, SR. VICE PRESIDENT,  
CHIEF ACCOUNTING OFFICER &  
TREASURER

Name GRIFFIN , DEBORAH

Address 425 PRIVET ROAD

City-State-Zip: HORSHAM PA 19044

Title ASSISTANT TREASURER

Name SESTAK, PATRICIA

Address 425 PRIVET ROAD

City-State-Zip: HORSHAM PA 19044

Title MANAGER, PRESIDENT

Name O'GRADY , BRENDAN

Address 400 INTERPACE PARKWAY, BLDG. A

City-State-Zip: PARSIPPANY NJ 07054

Title SECRETARY

Name SHANAHAN, BRIAN

Address 425 PRIVET ROAD

City-State-Zip: HORSHAM PA 19044

*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:** SHANAHAN , BRIAN

SECRETARY,BY  
VERONICA VALEGA,  
ATTORNEY-IN-FACT

02/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date