

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14792

Entity Name: NOVEN PHARMACEUTICALS, INC.**Current Principal Place of Business:**11960 S.W. 144TH STREET
MIAMI, FL 33186**Current Mailing Address:**11960 S.W. 144TH STREET
MIAMI, FL 33186 US**FEI Number:** 59-2767632**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANTEL, ELYSA ESQ.
11960 SW 144TH ST.
MIAMI, FL 33186 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

Officer/Director Detail :

Title	VC/D	Title	CHAIRMAN/DIRECTOR/CEO
Name	TSURUDA, TOSHIAKI	Name	HIGO, NARUHITO
Address	2-4-1 MARUNOUCHI	Address	11960 S.W. 144TH STREET
City-State-Zip:	TOKYO 100-6330	City-State-Zip:	MIAMI FL 33186

Title	VICE PRESIDENT - QUALITY & OPERATIONS
Name	JACKSON, MARK
Address	11960 S.W. 144TH STREET
City-State-Zip:	MIAMI FL 33186

Title	VP, CFO & TREASURER
Name	CHOI, JOHN
Address	11960 S.W. 144TH STREET
City-State-Zip:	MIAMI FL 33186

Title	CHIEF OPERATING OFFICER & CHIEF MEDICAL OFFICER
Name	LIPPMAN, JOEL
Address	11960 S.W. 144TH STREET
City-State-Zip:	MIAMI FL 33186

Title	VP, HISAMITSU GROUP STRATEGY & PLANNING
Name	SHINICHI, SATO
Address	11960 S.W. 144TH STREET
City-State-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: JOHN CHOI

VP, CFO & TREASURER

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date