

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90191 013 \*\*\*150.00

0219407  
 A.V.

<b>DOCUMENT #</b> 482533
1. Entity Name DVM PHARMACEUTICALS, INC.

Principal Place of Business 4400 BISCAYNE BOULEVARD MIAMI FL 33137 US	Mailing Address 4400 BISCAYNE BOULEVARD MIAMI FL 33137 US Attn: Carole I. Amster
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1683899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GILLESPIE, CAROL J 4400 BISCAYNE BOULEVARD MIAMI FL 33137
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7. Name and Address of New Registered Agent Name Rubin, Steven D. Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Boulevard City Miami FL Zip Code 33137
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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.  SIGNATURE  Steven D. Rubin 1/21/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE HSIAO, JANE PH.D. 4400 BISCAYNE BOULEVARD MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEIER, THOMAS E 4400 BISCAYNE BLVD. MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANZRAICH, NEIL 4400 BISCAYNE BOULEVARD MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILLESPIE, CAROL J 4400 BISCAYNE BOULEVARD MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UPPALURI, RAO 4400 BISCAYNE BLVD. MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MRHA, STEVE 4400 BISCAYNE BOULEVARD MIAMI FL 33137 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS Rubin, Steven D. 4400 Biscayne Boulevard Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Steven D. Rubin 1/14/02	305-575-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2F004 (9/01)

**IVAX**

*Attachment  
Doc # 482533*

IVAX Corporation  
4400 Biscayne Boulevard  
Miami, Florida 33137  
Telephone: 305-575-6000

*309688*

January 21, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: DVM Pharmaceuticals, Inc.

Gentlemen:

Enclosed herewith is the 2002 Uniform Business Report on behalf of the above-referenced corporation. Also enclosed is a check in the amount of \$150.00 to cover the filing fees.

Should you have any questions regarding the above, please do not hesitate to contact the undersigned directly at 305-575-6032.

Very truly yours,

IVAX CORPORATION

*Carole I. Amster*

Carole I. Amster  
Legal Assistant

Enclosures

cc: Bryan Lane

*101010*