FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am DOCUMENT# 482533 **Secretary of State** 1. Entity Name 02-07-2002 90191 013 \*\*\*150.00 DVM PHARMACEUTICALS, INC. Principal Place of Business Mailing Address 4400 BISCAYNE BOULEVARD 4400 BISCAYNE BOULEVARD **MIAMI FL 33137** MIAMI FL 33137 US LIS Attn: Carole I. Amster 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1683899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rubin, Steven D. GILLESPIE, CAROL-J Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Boulevard 4400 BISCAYNE BOULEVARD MIAMI FL 33137 City Zip33137 Miami 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPCE TITI F ☐ Change Addition ☐ Delete HSIIAO, JANE PH.D. NAME MAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BEIER, THOMAS E NAME 4400 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33137 CITY-ST-7IE Addition ☐ Delete Change TITLE TITLE NAME FLANZRAICH, NEIL NAME STREET ADDRESS 4400 BISCAYNE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 Change Addition TITLE ☐ Delete TITLE DS GILLESPIE, CAROL J-NAME NAME Rubin, Steven D. 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS 4400 Biscayne Boulevard CITY-ST-7IE CITY-ST-7IP MIAMI FL 33137 Miami, FL 33137 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME uppaluri, rao NAME 4400 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MRHA, STEVE NAME NAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS **MIAM! FL 33137** CITY-ST-ZIP CITY-ST-ZIP 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:

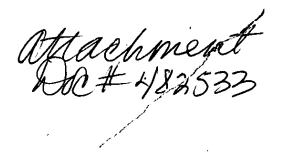
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114/02

305-575-6000

Daytime Phone #





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

Legal Assistant

Enclosures

cc:

Bryan Lane