

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90046 026 \*\*\*150.00

**DOCUMENT # 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1683899**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~4400 BISCAYNE BOULEVARD~~  
**4400 BISCAYNE BOULEVARD  
MIAMI FL 33137**

Name  
**Rubin, Steven D.**

Street Address (P.O. Box Number is Not Acceptable)

**4400 Biscayne Boulevard**

City **Miami**

**FL**

Zip Code  
**33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

**Steven D. Rubin**

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPCE  
HSIAO, JANE PH.D.  
4400 BISCAYNE BOULEVARD  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BEIER, THOMAS E  
4400 BISCAYNE BLVD.  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLANZRAICH, NEIL  
4400 BISCAYNE BOULEVARD  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
RUBIN, STEPHEN ~~STEPHEN~~ STEVEN  
4400 BISCAYNE BOULEVARD  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
UPPALURI, RAO  
4400 BISCAYNE BLVD.  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MRHA, STEVE  
4400 BISCAYNE BOULEVARD  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVEN D. RUBIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-575-6000**

CR2E034 (10/02)



Attachment

90008024  
#482533

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

January 17, 2003

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 2003 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  
Senior Corporate Paralegal

Enclosures

cc: Bryan Lane