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(((H230003501413)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN APOTEX CORP.

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0
03
\$35.00

Electronic Filing Menu

Corporate Filing Menu

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F9900000450	95	
(Do	ocument number of corporation (if known)	
APOTEX CORP.		
(Name of corporati	on as it appears on the records of the Department of State)	
DELAWARE	3. 08/30/1999	
(Incorporated under laws of)		iness in Florida)
	SECTION II	
(4-7 COMP	LETE ONLY THE APPLICABLE CHANGES)	
If the amendment changes the name of the corpo	ration, when was the change effected under the laws of its	jurisdiction of
incorporation?		
_		
(Name of corporation after the amendment, add	ing suffix "corporation," "company," or "incorporated," (or	appropriate abbreviation,
not contained in new name of the corporation)		26
(If new name is unavailable in Florida enter alte	mate corporate name adopted for the purpose of transaction	g business in Florida)
		. O.
6. If the amendment changes the period of dur	ation, indicate new period of duration.	- 강. 팩 때
		्रा ऽऽ
	(New duration)	AM 10: 2
	,	10:
7. If the amendment changes the jurisdiction of	of incorporation, indicate new jurisdiction.	27
,	•	
	(New jurisdiction)	
8. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
NEW RESISTER OFFICE AND A PAGE 1	(City)	(Zip Code)
New Repistered Agent's Signature, if chang	ing Registered Agent:	
I hereby accept the appointment as registered c	igent. I am familiar with and accept the obligations of the	e position.
Signature of New Registered	Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Director	Brian McClelland	2400 N. Commerce Parkway, Suite 400	[⊅Add
		Weston, FL 33326	Remove
Director	Gordon Fahner	150 Signet Drive	□Add
		Toronto, ON M9L 1T9 CA	ERemove
Secretary, Vice President Occurs Counter	Roberta Loomar	2400 N. Commerce Parkway, Suite 400	Qadd
		Weston, FL 33326	[2Remove
Secretary	Yesica Saint Malo	2400 N. Commerce Parkway, Suite 400	2023 OC1
		Weston, FL 33326	ORemove III
Director	Jeffrey Watson	2400 N. Commerce Parkway, Suite 400	AM IO: 27
		Weston, FL 33326	Remove
.0. Attached is of the applic under the la	$\mathcal{H}$	t, evidencing the amendment, authenticated of cretary of State or other official having custody	
	(Signature of a a receiver or offi	nector, president of other officer - if in the har er court appointed fiduciary, by that fiduciary)	ids of
Marja	Souza		Behalf of Peter Hardwick
<u> </u>	(Typed or printed name of person signif	ng) (Title of pe	erson signing)

FILING FEE \$35,00