

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122176

FILED
May 03, 2010
Secretary of State

Entity Name: TEVA RESPIRATORY, LLC

Current Principal Place of Business:

ATTENTION: LEGAL AFFAIRS
425 PRIVET ROAD
HORSHAM, PA 19044

New Principal Place of Business:

Current Mailing Address:

ATTENTION: LEGAL AFFAIRS
425 PRIVET ROAD
HORSHAM, PA 19044

New Mailing Address:

FEI Number: 65-1148620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: IVAX CORPORATION
Address: C/O 425 PRIVET RD
City-St-Zip: HORSHAM, PA 19044

Title: ASEC
Name: SHANAHAN, BRIAN
Address: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044 US

Title: TRE
Name: GRIFFIN, DEBORAH
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: ATRE
Name: WHITE, STEVE
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: VP
Name: SALYER, MARK
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: DIR
Name: MARTH, WILLIAM
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN SHANAHAN

ASEC

05/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date