2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # **L99000001073**

1. Entity Name
ANDRX PHARMACEUTICALS EQUIPMENT #1, L.C.

Principal Place of Business	Mailing Address
4001 SW 47TH AVENUE FORT LAUDERDALE FL 33314	4001 SW 47TH AVENUE FORT LAUDERDALE FL 33314

2. Principal Place of Business		3. Mailing Address	
4955 ORANGE DRIVE		4955 ORANGE DRIVE	
Suite, Apt. #, etc. ATTN: ALLISON LICHTER		Suite, Apt. #, etc. ATTN: ALLISON LICHTER	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33314	Country	Zip 33314	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2159997** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDRX PHARMACEUTICALS, INC. 4001 SW 47TH AVENUE FORT LAUDERDALE FL 33314 US	Name: ANDRX PHARMACEUTICALS, INC. Street Address (P.O. Box Number is Not Acceptable): 4955 ORANGE DRIVE City: DAVIE **FL** Zip Code: 33314

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 **SCOTT LODIN** 04/05/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRX PHARMACEUTICALS, INC. 4001 SW 47TH AVENUE FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRX PHARMACEUTICALS, INC. 4955 ORANGE DRIVE DAVIE FL 33314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my 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: Scott Lodin VDS 04/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #