

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001073

FILED
Feb 08, 2010
Secretary of State

Entity Name: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

Current Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880

New Mailing Address:

FEI Number: 52-2159997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: ANDRX CORPORATION
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: DP
Name: BISARO, PAUL M
Address: 360 MT. KEMBLE AVENUE
City-St-Zip: MORRISTOWN, NJ 07960

Title: SVP
Name: JOYCE, TODD R
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP
Name: GIORDANO, THOMAS
Address: 13900 NW SECOND STREET
City-St-Zip: SUNRISE, FL 33325

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: DAVID A. BUCHEN

SVP

02/08/2010

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