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

Mailing Address

MIAMI FL 33137

US

4400 BISCAYNE BOULEVARD

ATTN: CAROLE I AMSTER

## DOCUMENT # M34672

1. Entity Name

IVAX RESEARCH, INC.

Principal Place of Business

ATTN: CAROLE I AMSTER

MIAMI FL 33137

4400 BISCAYNE BOULEVARD



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90199 017 \*\*\*150.00

90024634



2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						
					CHECK HERE IF MAKING CHANGES			
Odito, Apr. 47					4 55	A FELM when		pplied For
City & State		City & State		4. FEI Number 59-2696063		<del></del>	lot Applicable	
Zip Country		Zip	Coun	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		]	7. Na	ame and Address of New Registere	d Agent	
	6. Name and Address of Curre	III regional services		Name				
RUBIN, STEVEN D				Street Address (P.O. Box Number is Not Acceptable)				
4400 BISCAYNE BLVD.								
MIAMI FL 33137				City FL Zip Code				
					<del>.</del>	· · · · · · · · · · · · · · · · · · ·		n and accept
8. The above r	named entity submits this statemen	it for the purpose of changi	ing its register	red office or regi	stered age	ent, or both, in the State of Florida. I a	itt (airmici with	.,
the obligation	ons of registered agent.							
SIGNATURE _					wind when rei	nutating) DA1	E	
SIGNATURE -	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Register	ed Agent signature rec		Total (g)		
FIL	LE NOW!!! FEE IS \$150.00					9. Election Campaign Financing		.00 May Be
∆fter	May 1, 2003 Fee will be \$550.0	00				Trust Fund Contribution.	☐ Add	led to Fees
Make Check	Payable to Florida Departmen	it of State				DITIONS/CHANGES TO OFFICERS /	ND DIRECTO	DRS IN 11
10.	OFFICERS A	ND DIRECTORS	11		ADI	DITIONS/CHANGES TO OFFICE OF	[] Chang	
	DS	☐ Delete		1				_
NAME	RUBIN, STEVEN D			ME REET ADDRESS				
STREET ADDRESS	4400 BISCAYNE BLVD			TY-ST-ZIP				
CITY-ST-ZIP	MIAMI FL 33137	Delete		TLE .			☐ Chang	ge 🔲 Addition
TITLE	DP	U Detett	~ <b>.</b>	ME				
NAME	FLANZRAICH, NEIL 4400 BISCAYNE BLVD		∖ st	REET ADDRESS .				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33137		CI	TY-ST-ZIP				Addition
TITLE	DVP	☐ Delet	e TI	TLE			Chang	ge 🔲 Addition
NAME	BEIER, THOMAS E	* *		AME	· <i>-</i> -	الرواطيعة فيهجمون المتواطي المتياطين		
STREET ADDRESS	4400 BISCAYNE BLVD			TREET AODRESS				
CITY-ST-ZIP	MIAMI FL 33137			<del></del>			☐ Chane	ge 🔲 Addition
TITLE	VP	Delet		TLE AME				
NAME	BODOR, NICHOLAS			TREET ADDRESS				
STREET ADDRESS	4400 BISCAYNE BLVD		1	ITY-ST-ZIP				
CITY-ST-ZIP	MIAMI FL 33137	Dele	te T	ITLE			☐ Chan	ge 🔲 Addition
TITLE	VP IAME			AME			•	
NAME STREET ADDRESS	HSIAO, JANE 4400 BISCAYNE BLVD		s	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33137		C	ITY-ST-ZIP				nne 🗌 Addition
TITLE	AS	□ Dele		ITLE			☐ Chan	ge [_] Addition
NAME	NATION, MARIANNE			IAME				
STREET ADDRESS	4400 BISCAYNE BLVD			STREET ADDRESS				
CITY-ST-ZIP	MIAM] FL 33137			CITY-ST-ZIP	Li- D	+40.07(3)(i) Florida Statutas I furthe	er certify that t	he information
12. I hereby	certify that the information supplied	d with this filing does not question true and accurate at	ualify for the e	exemption stated inature shall hav	in Section e the same	n 119.07(3)(i), Florida Statutes. I furthe e legal effect as if made under oath; t	nat I am an off	ficer or director

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. Fituring Gertay 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

305-575-6000

Daytime Phone #