## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000124594

FILED Jan 22, 2009 Secretary of State

01/22/2009

Date

Entity Name: ANDRX PHARMACEUTICALS SALES AND MARKETING, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2915 WESTON ROAD WESTON, FL 33331							
Current Mailing Address:			New Ma	New Mailing Address:			
311 BONNII ATTN: SEC CORONA, (	CRETARY						
FEI Number: 32-0043603 FEI Number Applied For ( ) FEI Nu		FEI Number Not Ap	mber Not Applicable ( ) Certificate of Status Desired ( )			( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () E BISARO, PAUL M 360 MT. KEMBLE MORRISTOWN, N	AVENUE	Title: Name: Address: City-St-Zip	:	() Change (	) Addition	
Title: Name: Address: City-St-Zip:	SVP () DURAND, MARK 360 MT. KEMBLE MORRISTOWN, I	AVENUE	Title: Name: Address: City-St-Zip	:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	S () E BUCHEN, DAVID 311 BONNIE CIR CORONA, CA 92	CLE	Title: Name: Address: City-St-Zip	:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	SVP () E GIORDANO, THO 13900 NW SECO SUNRISE, FL 33	ND STREET	Title: Name: Address: City-St-Zip	:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	SVP () E SKARA, SUSAN 311 BONNIE CIR CORONA, CA 92		Title: Name: Address: City-St-Zip		(X) Change( TODD NE CIRCLE CA 92880	) Addition	
Title: Name: Address: City-St-Zip:	VP (X) I JOYCE, R. TODE 311 BONNIE CIR CORONA, CA 92	CLE	Title: Name: Address: City-St-Zip	:	() Change (	) Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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							

SIGNATURE: DAVID A. BUCHEN S

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.