


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0366706
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DOCUMENT # P02000124594	
1. Entity Name ANDRX PHARMACEUTICALS SALES AND MARKETING, INC.	

FILED
03 APR 23 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2915 WESTON ROAD WESTON FL 33331	Mailing Address 2915 WESTON ROAD WESTON FL 33331
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2. Principal Place of Business	3. Mailing Address 4955 Orange Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Pamela Richardson
City & State	City & State Davie, FL
Zip	Country United States

<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 32-0043603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LODIN, SCOTT 2915 WESTON ROAD WESTON FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, EVP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4955 Orange Drive Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Lane 4955 Orange Drive Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Angelo C. Malahias 4955 Orange Drive Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900018457509 05/07/03--01082--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. I further certify 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 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: 	Scott Lodin	04/16/03	954-584-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/02)