


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 033 ***150.00

DOCUMENT # P03000106020 1. Entity Name ANDRX PHARMACEUTICALS (MASS), INC.	
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Principal Place of Business 4955 ORANGE DRIVE DAVIE, FL 33314	Mailing Address 8151 PETERS ROAD ATT: NATHAN CALI PLANTATION, FL 33324
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2. Principal Place of Business	3. Mailing Address 8151 Peters Road, 4th Floor
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Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN: Juan Ugalde
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City & State	City & State Plantation, FL
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Zip	Country	Zip 33324	Country
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40073141



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0253696	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICE, THOMAS P 8151 PETERS ROAD PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CFO & Treasurer Malahias, Angelo C. 8151 Peters Road, 4th Floor Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALAHIAS, ANGELO C 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & Chief Scientific & Technical Officer Cappuccino, Nicholas 2945 W Corporate Lakes Blvd. Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LODIN, SCOTT 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, General Counsel & Secretary Goldfarb, Robert I. 8151 Peters Road, 4th Floor Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LODIN, SCOTT 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROSENTHAL, LAWRENCE 8151 PETERS ROAD PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT HANSON, JOHN M 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	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 exemptions contained 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 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:  **4/27/06** **954-382-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SVP, General Counsel & Secretary



46073121
#P03000106020

April 28, 2006

DHL
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Andrx Pharmaceuticals (MASS), Inc.
Profit Corporation Annual Report 2006

Dear Sir or Madam:

Enclosed please find the 2006 Profit Corporation Annual Report for the above referenced company, together with a company check in the amount of \$150.00 for the filing fee.

Thank you for your assistance in this matter.

Yours Truly,

A handwritten signature in black ink, appearing to read "J. Ugalde", written over a horizontal line.

Juan Ugalde
Paralegal
Andrx Corporation
Tel. 954-382-7646
juan.ugalde@andrx.com

JU
Enclosures

