2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P03000106020

Entity Name: ANDRX PHARMACEUTICALS (MASS), INC.

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: 20-0253696 **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 RD
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	BISARO, PAUL M	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	SVP	( ) Delete
Name:	DURAND, MARK W	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	S	( ) Delete
Name:	BUCHEN, DAVID A	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	SVP	( ) Delete
Name:	GIORDANO, THOMAS	
Address:	13900 NW SECOND STREET	
City-St-Zip:	SUNRISE, FL 33325	
Title:	SVP	( ) Delete
Name:	SKARA, SUSAN	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	T	( ) Delete
Name:	JOYCE, R. TODD	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	CARMICHAEL, CLARE	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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

SIGNATURE: DAVID A. BUCHEN S 01/27/2009

Electronic Signature of Signing Officer or Director — Date