
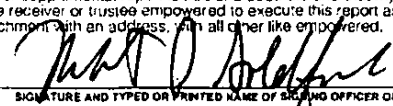


FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90348 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000132483			
1. Entity Name ANDRX THERAPEUTICS, INC.			
Principal Place of Business 8151 PETERS RD 4TH FL PLANTATION, FL 33324		Mailing Address 8151 PETERS RD 4TH FL PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address 8151 Peters Road, 4th Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: Juan Ugalde	
City & State		City & State Plantation, FL	
Zip	Country	Zip	Country
33324		33324	
4. FEI Number 20-3584735		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 CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RICE, THOMAS P 8151 PETERS RD 4TH FL PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Rice, Thomas P 8151 Peters Road, 4th Floor Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO MALAHIAS, ANGELO C 8151 PETERS RD 4TH FL PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CFO 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	VS GOLDFARB, ROBERT I 8151 PETERS RD 4TH FL 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	EV ROSENTHAL, LARRY 8151 PETERS RD 4TH FL PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Glover, Steve 8151 Peters Road, 4th Floor Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV CAPPUCCINO, NICHOLAS 8151 PETERS RD 4TH FL PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP and CIO Giordano, Thomas 3040 Universal Blvd. Suite 150 Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCIO GIORGANO, THOMAS 8151 PETERS RD 4TH FL 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			



66018190

#P85800132483

June 6, 2006

US MAIL
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Andrx Therapeutics, Inc.
Profit Corporation Annual Report 2006

Dear Sir or Madam:

Enclosed please find a corrected 2006 Profit Corporation Annual Report for the above referenced company.

Thank you for your assistance in this matter.

Yours Truly,



Juan Ugalde
Paralegal
Andrx Corporation
(P) 954-382-7646
(F) 954-382-7745
juan.ugalde@andrx.com

JU
Enclosures





66018/90
P05 000132483 April 28, 2006

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

Re: Andrx Therapeutics, 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 'Juan Ugalde', written in a cursive style.

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

JU
Enclosures

