

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90697 003 ***150.00

0294106 AV

DOCUMENT # P14792

1. Entity Name
NOVEN PHARMACEUTICALS, INC.

Principal Place of Business 11960 S.W. 144TH STREET MIAMI FL 33186 US	Mailing Address 11960 S.W. 144TH STREET MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2767632	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EISENBERG, JEFFERY F 11960 SW 144TH ST. MIAMI FL 33186		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC SABLITSKY, STEVEN 13656 DEERING BAY DR CORAL GABLES FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clarkson, M.D., John 1600 N.W. 10th Avenue, Room 1143 Miami, FL 33136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCCC STRAUSS, ROBERT 760 SAN BRUNO CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODOLFO, BRYCE 1600 NW 10 AV ROOM 1143 MIAMI FL 33136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herzlinger, Regina Baker Library 163, Soldiers Field Road Boston, MA 02163 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECHER, SHELDON SOLDIERS FIELD RD BOSTON MA 02163 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yetter, Wayne P. 3445 Peachtree Road, NE, Suite 1400 Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOW, LARENCE 4801 EXECUTIVE PARK CT STE 100 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGINSKY, SIDNEY SIX STONYWELL COURT DIX HILLS NY 11746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ADDITIONAL NAMES ATTACHED. <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey F. Eisenberg **Jeffrey F. Eisenberg** March 27, 2002 305-964-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc. # P14792

Section 11 – Additional Noven’s Officers:

Title	V/S	Title	V
Name	Jeffrey F. Eisenberg	Name	Juan A. Mantelle
Street Address	16121 SW 83 rd Avenue	Street Address	10921 SW 92 nd Avenue
City-ST-ZIP	Miami, FL 33157	City-ST-ZIP	Miami, FL 33176
Title	V	Title	V
Name	W. Neil Jones	Name	James B. Messiry
Street Address	8261 SW 162 nd Street	Street Address	6301 Old Cutler Road
City-ST-ZIP	Miami, FL 33157	City-ST-ZIP	Pinecrest, FL 33156