


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90251 012 ***150.00

DOCUMENT # P14792

1. Entity Name
NOVEN PHARMACEUTICALS, INC.



Principal Place of Business Mailing Address
11960 S.W. 144TH STREET **11960 S.W. 144TH STREET**
MIAMI, FL 33186 US **MIAMI, FL 33186 .US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40001000



04302008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2767632 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIHM, JEFF
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN, CLARKSON M.D.	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, ROBERT	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENKHAUS, DONALD A	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	YETTER, WAYNE P	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAGE, ROBERT G	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAGINSKY, SIDNEY	
STREET ADDRESS	11960 SW 144TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jeff Mihm 4/30/08 305-253-5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40091839
 #P14792

11. Additions/Changes to Officers and Directors in 11

10. Officers and Directors (contd.)

10. Officers and Directors (contd.)		11. Additions/Changes to Officers and Directors in 11	
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Pedro P. Granadillo c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete		
V W. Neil Jones c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete		
V Diane M. Barrett c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input checked="" type="checkbox"/> Delete		
V Jeffrey F. Eisenberg c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete		EV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V Eduardo G. Abrao c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V Juan A. Mantelle c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition



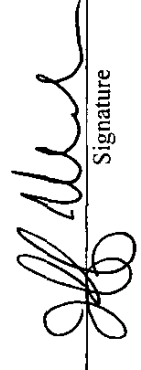
Jeff Mihm
 Typed or Printed Name of Signing Officer or Director
 4/30/08
 Date

ATTACHMENT 40091839
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11. Additions/Changes to Officers and Directors in 11

10. Officers and Directors (contd.)

10. Officers and Directors (contd.)		11. Additions/Changes to Officers and Directors in 11	
Title Name Street Address City-ST-Zip	V/S Jeff Mihm c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
Title Name Street Address City-ST-Zip	V Pavan P. Handa c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
Title Name Street Address City-ST-Zip	V Carolyn M. Donaldson c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
Title Name Street Address City-ST-Zip	V James W. Harris, Jr. c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
Title Name Street Address City-ST-Zip	V Richard P. Gilbert c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
Title Name Street Address City-ST-Zip	V Joseph C. Jones c/o Noven Pharmaceuticals, Inc. 11960 SW 144 th Street Miami, FL 33186	Title Name Street Address City-ST-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		

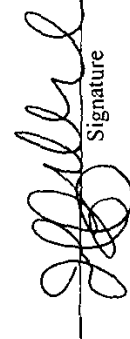


Signature: Jeff Mihm
 Typed or Printed Name of Signing Officer or Director
 Date: 4/30/08

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Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	P/D Peter C. Brandt c/o Noven Pharmaceuticals, Inc. 11960 SW 144th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	D Phillip M. Satow c/o Noven Pharmaceuticals, Inc. 11960 SW 144th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	<input type="checkbox"/> Delete	Title Name Street Address City-ST-Zip	V Michael D. Price c/o Noven Pharmaceuticals, Inc. 11960 SW 144th Street Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition



Signature

Jeff Mihm

Typed or Printed Name of Signing Officer or Director

4/30/08

Date