

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90335 036 \*\*\*150.00

**DOCUMENT # P93000040385**

1. Entity Name

**IVAX CORPORATION** ✓

Principal Place of Business

**4400 Biscayne Boulevard  
Miami, Florida 33137  
Attn: Carole I. Amster**

Mailing Address

**4400 Biscayne Boulevard  
Miami, Florida 33137  
Attn: Carole I. Amster**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**16-1003559**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Gillespie, Carol J.  
4400 Biscayne Boulevard  
Miami, Florida 33137**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

**SEE ATTACHED LIST**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Marianne Nation*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marianne H. Nation**

*2/16/01*  
Date

**305-575-6000**  
Daytime Phone #

CR2E034 (11/00)

Attachment  
DH#P930000 40305  
A0027415

**2001 UNIFORM BUSINESS REPORT**  
**IVAX CORPORATION**  
**Question 11**

CEO/D

Frost, Phillip M.D.

4400 Biscayne Boulevard, Miami, FL 33137

Deputy CEO/D

Kaye, Isaac

Albert Basin, Royal Docks, London, England

Vice Chairman/P/D

Flanzraich, Neil

4400 Biscayne Boulevard, Miami, FL 33137

Vice Chairman-Technical Affairs/Chief Technical Officer/D

Hsiao, Jane Ph.D.

4400 Biscayne Boulevard, Miami, FL 33137

Senior VP/CFO

Beier, Thomas E.

4400 Biscayne Boulevard, Miami, FL 33137

Senior VP

Henein, Rafick Ph.D.

4400 Biscayne Boulevard, Miami, FL 33137

Senior VP/S

Gillespie, Carol J.

4400 Biscayne Boulevard, Miami, FL 33137

VP

McClary, Thomas E.

4400 Biscayne Boulevard, Miami, FL 33137

VP/T

Uppaluri, Subbarao

4400 Biscayne Boulevard, Miami, FL 33137

VP

Bowie, David A.

4400 Biscayne Boulevard, Miami, FL 33137