

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90043 011 ***150.00

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1. Entity Name
IVAX CORPORATION



Principal Place of Business
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137-3227

Mailing Address
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137-3227

40012172



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

RUBIN, STEVEN D
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO FROST, PHILLIP M.D. 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOS, BETTY 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HSIAO, JANE PHD 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLANZRAICH, NEIL 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, JACK PHD 1230 YORK AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MARK 1331 LAMAR STREET STE 900 HOUSTON, TX 77010

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D. Rubin Date: 1/29/05 308-595-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #