

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062493

FILED
Apr 29, 2009
Secretary of State

Entity Name: IVAX PHARMACEUTICALS NV, INC.

Current Principal Place of Business:

140 LEGRAND AVENUE
ATTN: LEGAL AFFAIRS
NORTHVALE, NJ 07647 US

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD EGOSI
425 PRIVET RD
HORSHAM, PA 19044 US

New Mailing Address:

FEI Number: 65-0547890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARTH, WILLIAM
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: ASEC () Delete
Name: SHANAHAN, BRIAN
Address: 425 PRIVET RD
City-St-Zip: HORSHAM, PA 19044

Title: TREAS () Delete
Name: GRIFFIN, DEBORAH
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: SEC () Delete
Name: EGOSI, RICHARD
Address: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP () Change (X) Addition
Name: MONTGOMERY, CLIFFORD
Address: 1090 HORSHAM RD
City-St-Zip: NORTH WALES, PA 19454 US

Title: ATRE () Change (X) Addition
Name: WHITE, STEVE
Address: 1090 HORSHAM RD
City-St-Zip: NORTH WALES, PA 19454 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SHANAHAN, ASSISTANT SECRETARY
_____ Electronic Signature of Signing Officer or Director

ASEC

04/29/2009

_____ Date