2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033116

Entity Name: IVAX PHARMACEUTICALS, INC.

FILED Aug 14, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4400 BISCA	YNE BOULE AL AFFAIRS				•	
Current Mailing Address:				New Mailing Address:		
4400 BISCAYNE BOULEVARD ATTN: LEGAL AFFAIRS MIAMI, FL 33137 US			C/O RICHARD EGOSI 425 PRIVET RD HORSHAM, PA 19044 US			
FEI Number:	65-0612572	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US 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.						
SIGNATUR		c Signature of Registered Agent				 Date
Election Cam		(2)(b), F.S., the corporation did not r Trust Fund Contribution(). 「ORS:	receive th	•		TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PRES () BARRETT, GEO 1090 HORSHAM NORTH WALES	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	EXVP () MARTH, WILLIA 1090 HORSHAM NORTH WALES	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () HOGAN, CORIN 4400 BISCAYNE MIAMI, FL 3313	BOULEVARD		Title: Name: Address: City-St-Zip:	SRVP (X) SCHULTZ, RON 1090 HORSHAM NORTH WALES	1 RD
Title: Name: Address: City-St-Zip:	VP () KANN, LANCE 4400 BISCAYNE MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	SRVP (X) DAVID, MARSHA 1090 HORSHAM NORTH WALES	1 RD
Title: Name: Address: City-St-Zip:	SEC () EGOSI, RICHAR 425 PRIVET RO HORSHAM, PA	AD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	TREA () DURAND, MARK 1090 HORSHAM NORTH WALES	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: RICHARD EGOSI SEC 08/14/2007