2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033116

Entity Name: IVAX PHARMACEUTICALS, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	AYNE BOULEV AL AFFAIRS 33137 US	ARD			
Current Mailing Address:			New Maili	New Mailing Address:	
C/O RICHA 425 PRIVE HORSHAM		US			
FEI Number:	65-0612572	FEI Number Applied For () FEI Nu	ımber Not Appl	icable () 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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () [BARRETT, GEOR 1090 HORSHAM NORTH WALES,	ROAD	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition WILLIAM, MARTH 1090 HORSHAM ROAD NORTH WALES, PA 19454 US	
Title: Name: Address: City-St-Zip:	EXVP () [MARTH, WILLIAM 1090 HORSHAM NORTH WALES,	ROAD	Title: Name: Address: City-St-Zip:	ASEC (X) Change () Addition AUSTIN, KIM 425 PRIVET RD HORSHAM, PA 19044 US	
Title: Name: Address: City-St-Zip:	SRVP () E SCHULTZ, RONA 1090 HORSHAM NORTH WALES,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SRVP () [DAVID, MARSHA 1090 HORSHAM NORTH WALES,	LL RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () E EGOSI, RICHARI 425 PRIVET ROA HORSHAM, PA	AD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TREA ()[DURAND, MARK 1090 HORSHAM		Title: Name: Address:	TREA (X) Change () Addition GRIFFIN, DEBORAH 1090 HORSHAM ROAD	

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.

City-St-Zip:

NORTH WALES, PA 19454 US

SIGNATURE: RICHARD EGOSI SEC 04/25/2008

NORTH WALES, PA 19454 US

City-St-Zip: