2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033116

Entity Name: IVAX PHARMACEUTICALS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4400 BISCAYNE BOULEVARD ATTN: LEGAL AFFAIRS MIAMI, FL 33137 US			ATTN: LEG 425 PRIVET HORSHAM	ΓRD			
Current Mailing Address:				New Mailing Address:			
C/O RICHA 425 PRIVET HORSHAM	ΓRD	US					
FEI Number: (65-0612572	FEI Number Applied For ()	FEI Nun	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.							
SIGNATURE:							
0.014, (1.01)		Signature of Registered Agent	t			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () I WILLIAM, MARTI 1090 HORSHAM NORTH WALES,	ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ASEC () I AUSTIN, KIM 425 PRIVET RD HORSHAM, PA	Delete 19044 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SRVP () I 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:	SHANAHAN, 425 PRIVET		
Title: Name: Address: City-St-Zip:	SEC () [EGOSI, RICHAR 425 PRIVET ROA HORSHAM, PA	ND.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () [GRIFFIN, DEBOI 1090 HORSHAM NORTH WALES,	ROAD		Title: Name: Address: City-St-Zip:	GRIFFIN, DE 1090 HORSH		

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 ASEC 04/29/2009