## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000033116

Entity Name: IVAX PHARMACEUTICALS, INC.

FILED Apr 14, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ATTN: LEGAL AFFAIRS 425 PRIVET RD

HORSHAM, PA 19044 US

**Current Mailing Address: New Mailing Address:** 

ATTN: LEGAL AFFAIRS 425 PRIVET RD

HORSHAM, PA 19044 US

FEI Number: 65-0612572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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

## **OFFICERS AND DIRECTORS:**

Title: PRFS

Name: WILLIAM, MARTH 1090 HORSHAM ROAD Address: City-St-Zip: NORTH WALES, PA 19454 US

Title: DIR

Name: MARTH, WILLIAM 1090 HORSHAM ROAD Address: NORTH WALES, PA 19454 US City-St-Zip:

Title: DIR

GRIFFIN, DEBORAH Name: 1090 HORSHAM RD Address:

City-St-Zip: NORTH WALES, PA 19454 US

Title: ASEC

SHANAHAN, BRIAN Name: Address: 425 PRIVET RD City-St-Zip: HORSHAM, PA 19044 US

Title: ATRE Name: WHITE, STEVE

1090 HORSHAM ROAD Address: City-St-Zip: NORTH WALES, PA 19454 US

Title: CFO

Name: GRIFFIN, DEBORAH 1090 HORSHAM ROAD Address: City-St-Zip: NORTH WALES, PA 19454 US

I hereby 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 all other like empowered.

SIGNATURE: BRIAN SHANAHAN ASEC 04/14/2011