

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033116

FILED
May 31, 2012
Secretary of State

Entity Name: IVAX PHARMACEUTICALS, INC.

Current Principal Place of Business:

ATTN: LEGAL AFFAIRS
425 PRIVET RD
HORSHAM, PA 19044 US

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL AFFAIRS
425 PRIVET RD
HORSHAM, PA 19044 US

New Mailing Address:

FEI Number: 65-0612572 **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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: ATRE
Name: WHITE, STEVE
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: CFO
Name: GRIFFIN, DEBORAH
Address: 1090 HORSHAM ROAD
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: MONICA G ZAMBRANO, ATTY-IN-FACT

CFO

05/31/2012

Electronic Signature of Signing Officer or Director

Date