


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000051956	
1. Entity Name IVAX RESEARCH INSTITUTE, INC.	

Principal Place of Business 4400 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 4400 BISCAYNE BLVD. MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0845412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RUBIN, STEVEN D 4400 BISCAYNE BLVD. MIAMI, FL 33137	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODOR, NICHOLAS 440 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANZRAICH, NIEL 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUBIN, STEVEN D 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UPPALURI, RAO 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NATION, MARIANNE H 4400 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80061-011 150.00

DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D. Rubin 1/25/05 305-575-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR