

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079359

FILED
Apr 18, 2008
Secretary of State

Entity Name: ANDRX MANAGEMENT CORPORATION

Current Principal Place of Business:

8151 PETERS ROAD
4TH FLOOR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880

New Mailing Address:

FEI Number: 65-0951294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: CHAO, ALLEN
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: EVP () Delete
Name: RUSSILLO, THOMAS R
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP () Delete
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP () Delete
Name: GIORDANO, THOMAS
Address: 3040 UNIVERSAL BLVD STE 150
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: SVP () Delete
Name: SKARA, SUSAN
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: VP () Delete
Name: JOYCE, R. TODD
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BISARO, PAUL M
Address: 360 MT. KEMBLE AVENUE
City-St-Zip: MORRISTOWN, NJ 07960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: GIORDANO, THOMAS
Address: 13900 NW SECOND STREET
City-St-Zip: SUNRISE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID A. BUCHEN

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04/18/2008

Electronic Signature of Signing Officer or Director

Date