## P99000079359

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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| ACCOUNT NO. : 072100000032   |  |  |  |  |
|--|--|--|--|--|
| REFERENCE : 945825 128640A   |  |  |  |  |
| AUTHORIZATION : Talucia Will   |  |  |  |  |
| COST LIMIT : \$ 35.00  |  |  |  |  |
| ORDER DATE : February 26, 2003   |  |  |  |  |
| ORDER TIME : 4:34 PM   |  |  |  |  |
| ORDER NO. : 945825-020   |  |  |  |  |
| CUSTOMER NO: 128640A   |  |  |  |  |
| CUSTOMER: Pamela Richardson, Paralegal<br>Andrx Corporation<br>4955 Orange Drive       |  |  |  |  |
| Davie, FL 33314  |  |  |  |  |
| CHANGE OF AGENT  |  |  |  |  |
| NAME: ANDRX MANAGEMENT CORPORATION   |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY |  |  |  |  |
| CONTACT PERSON: Troy Todd EXT#  EXAMINER:  |  |  |  |  |
| EAAMINER:  |  |  |  |  |



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to   | the provisions of sections 607.0502, 617.0  | 9502, 607.1508, or 617.1508, Flo  | rida Statutes,                       |
|---|---|---|--------------------------------------|
| this statemen   | nt of change is submitted for a corporation o   | organized under the laws of the Sta   | tte of                               |
| Florida   | in order to change its registered   | office or registered agent, or both   | in the State                         |
| of Florida.   |   |   | 野男工                                  |
| 1. The name of  | of the corporation: ANDRY MANAGEMENT CORP   | PORATION  | 2 6 E                                |
| 2. The princip  | ipal office address: 2915 Weston Road, West   | ton, FL 33331   | 严实 至                                 |
|   |   |   | - F S F 9 F 9                        |
| 3. The mailin   | ng address (if different): 4955 Orange Drive  | , Attn: Allison Lichter, Davie  | , FL \$314                           |
| 4. Date of inc  | acorporation/qualification: September 7, 19   | 99 Document number: P99000  | 079359                               |
|   | e and street address of the current registered a<br>epartment of State:   | agent and registered office on file v   | with the                             |
|   | Scott Lodin   |   |                                      |
|   | 4955 Orange Drive   |   | -                                    |
|   | Davie, FL 33314   |   |                                      |
| 6. The name changed):   | e and street address of the new registered a  | agent (if changed) and /or registe  | ered office (if                      |
|   | Corporation Service Company   |   |                                      |
|   | 1201 Hays Street (P.O. Box or personal mailbox f  | NOT acceptable)   |                                      |
|   | Tallahassee, FL 32301   |   |                                      |
| The street add  | ddress of its registered office and the street anged will be identical.   | address of the business office of i   | ts registered                        |
| Such change<br>authorized by                                    | was authorized by resolution duly adopted while board, or the corporation has been not  | l by its board of directors or by an tified in writing of the change.   | officer so                           |
| (Sometime of an own   | Sco   | tt Lodin, EVP, Secretary &  | General Counsel                      |
| Niereby acce<br>I further agre<br>performance<br>registered age | tept the appointment as registered agent and the to comply with the provisions of all statue of my duties, and I am familiar with and a gent. Or, if this document is being filed meass, I hereby confirm that the corporation has the corporation has the corporation of Registered Agent) | d agree to act in this capacity.<br>utes relative to the proper and cor<br>iccept the obligation of my positio<br>rely to reflect a change in the reg | mplete<br>n as<br>istered<br>change. |
| 76 - i i -  | Cunthia I Harr  | (Date)  |                                      |
| ii signing on beh   | ehalf of an entity:  as its agent   |   |                                      |
|   | (Typed or Printed Name)   | (Capacity)  | <del></del>                          |

\* \* \* FILING FEE: \$35.00 \* \* \*