

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0345570 AV

DOCUMENT # P99000079359

1. Entity Name

~~ANDA SALES, INC.~~

ANDRX MANAGEMENT CORPORATION



FILED

03 APR 23 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2915 WESTON RD.  
WESTON FL 33331

Mailing Address

4955 ORANGE DRIVE  
ATTN: ALLISON LICHTER  
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

4955 Orange Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Pamela Richardson

City & State

City & State

Davie, FL

4. FEI Number

65-0951294

Applied For

Not Applicable

Zip

Country

Zip

33314

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LODIN, SCOTT  
4955 ORANGE DRIVE  
DAVIE FL 33314

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code  
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete  
NAME LODIN, SCOTT  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314

TITLE Director, EVP, Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPTD ☐ Delete  
NAME MALAHIAS, ANGELO C  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314

TITLE EVP, CFO, Treasurer ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO, President ☐ Change ☒ Addition  
NAME Richard Lane  
STREET ADDRESS 4955 Orange Drive  
CITY-ST-ZIP Davie, FL 33314

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800018457448  
STREET ADDRESS 05/07/03--01082--001  
CITY-ST-ZIP \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED Scott Lodin

04/16/03

954-584-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034710/02