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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V60643 (6)

1. Corporation Name
ANDRX CORPORATION



Principal Place of Business 4001 SW 47TH AVE. SUITE 201 FT. LAUDERDALE FL 33314 US	Mailing Address 4001 SW 47TH AVE. SUITE 201 FT. LAUDERDALE FL 33314-4030 US
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3. Date Incorporated or Qualified 08/28/1992	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0366879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**COHEN, ALAN P
4001 SW 47 AVENUE, SUITE 201
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when consisting of _____) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COHEN, ALAN P.	
STREET ADDRESS	4001 SW 47 AVENUE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHEN, CHIN-MING J.	
STREET ADDRESS	4001 SW 47 AVE STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAHN, ELLIOT	
STREET ADDRESS	4001 SW 47 AVENUE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOFRIO, PAUL	
STREET ADDRESS	4001 SW 47TH AVE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LODIN, SCOTT	
STREET ADDRESS	4001 SW 47TH AVENUE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOM, ELAINE	
STREET ADDRESS	4001 SW 47TH AVENUE, SUITE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melvin Sharoky, M.D.	
1.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael A. Schwartz, Ph.D.	
2.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elliot Levine	
3.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Irwin C. Gerson	
4.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
5.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Randy Glover	
5.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Angelo C. Malahias	
6.3 STREET ADDRESS	4001 SW 47th Avenue, Suite 201	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 3/11/97 (054) 584 0300

CP2E034 (9/96)