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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90203 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V60643

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1992

4. FEI Number

65-0366879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SHAROKY, MELVIN M
STREET ADDRESS 4001 S.W. 47TH AVE., STE. 201
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE Co-Chairman/CBO/D ☐ Change ☒ Addition

1.2 NAME Alan P. Cohen
1.3 STREET ADDRESS 4001 SW 47th Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

TITLE D ☐ DELETE

NAME SCHWARTZ, MICHAEL P
STREET ADDRESS 4001 S.E. 47TH AVE. STE.201
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE Co-Chairman/VP/D ☐ Change ☒ Addition

2.2 NAME Chih-Ming J. Chen
2.3 STREET ADDRESS 4001 SW 47th Avenue
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

TITLE D ☒ DELETE

NAME LEVINE, ELLIOT
STREET ADDRESS 4001 SW 47 AVENUE, STE 201
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE P/D ☐ Change ☒ Addition

3.2 NAME Elliot F. Hahn
3.3 STREET ADDRESS 4001 SW 47th Avenue
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

TITLE D ☐ DELETE

NAME GERSON, IRWIN C.
STREET ADDRESS 4001 SW 47TH AVE, STE 201
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE VP/S ☐ Change ☒ Addition

4.2 NAME Scott Lodin
4.3 STREET ADDRESS 4001 SW 47th Avenue
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

TITLE V ☐ DELETE

NAME GLOVER, RANDY
STREET ADDRESS 4001 SW 47TH AVENUE, STE 201
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Elaine Bloom
5.3 STREET ADDRESS 4001 SW 47th Avenue
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

TITLE D ☐ DELETE

NAME MALAHIAS, ANGELO C.
STREET ADDRESS 4001 SW 47TH AVENUE, SUITE 201
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE VP/T ☒ Change ☐ Addition

6.2 NAME Angelo C. Malahias
6.3 STREET ADDRESS 4001 SW 47th Avenue
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(954) 584-0300

Daytime Phone #

CR2E034 (11/98)

0284576