

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # V60643**1. Entity Name
ANDRX CORPORATION**Principal Place of Business**

4955 ORANGE DRIVE

FT. LAUDERDALE
33314

FL

US

Mailing Address

4955 ORANGE DRIVE

FT. LAUDERDALE
33314

FL

US

2. Principal Place of Business

4955 ORANGE DRIVE

3. Mailing Address

4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: A. LICHTER**City & State**

DAVIE

FL

City & State

DAVIE

FL

Zip

33314

Country

US

Zip

33314

Country

US

4. FEI Number**65-0366879****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOHEN ALAN P
4001 SW 47 AVENUE, SUITE 201FT. LAUDERDALE
33314

FL

US

7. Name and Address of New Registered Agent**Name**

LODIN SCOTT

Street Address (P.O. Box Number is Not Acceptable)
4955 ORANGE DRIVECity
DAVIE

FL

Zip Code
33314

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.

SIGNATURE **SCOTT LODIN****04/06/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MALAHIAS ANGELO C.	
STREET ADDRESS	4001 SW 47TH AVENUE, SUITE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLOVER RANDY	
STREET ADDRESS	4001 SW 47TH AVENUE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERSON IRWIN C.	
STREET ADDRESS	4001 SW 47TH AVE, STE 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOOM ELAINE	
STREET ADDRESS	4001 SW 47TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ MICHAEL P	
STREET ADDRESS	4001 S.E. 47TH AVE. STE.201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAROKY MELVIN M	
STREET ADDRESS	4001 S.W. 47TH AVE., STE. 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN ALAN P	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOW LAWRENCE	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON IRWIN C	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN TIMOTHY E	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ MICHAEL P	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAROKY MELVIN M	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN P. COHEN

DC

04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

ANGELO C. MALAHIAS, VPCFO
4955 ORANGE DRIVE

DAVIE, FL 33314

SCOTT LODIN, VPGC
4955 ORANGE DRIVE

DAVIE, FL 33314

ELLIOT F. HAHN, PD
4955 ORANGE DRIVE

DAVIE, FL 33314

CHIH-MING J. CHEN, CD
4955 ORANGE DRIVE

DAVIE, FL 33314