

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V64587**1. Entity Name  
**ANDRX PHARMACEUTICALS, INC.**Principal Place of Business  
4001 SW 47TH AVE  
SUITE 201  
FORT LAUDERDALE FL 33314Mailing Address  
4001 SW 47TH AVE  
SUITE 201  
FORT LAUDERDALE FL 333142. Principal Place of Business  
4955 ORANGE DRIVE3. Mailing Address  
4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE FLCity & State  
DAVIE FL4. FEI Number  
**65-0366289**Applied For  
Not ApplicableZip Country  
33314Zip Country  
333145. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**COHEN ALAN P  
4001 SW 47TH AVENUE  
  
FT. LAUDERDALE FL 33314 US**7. Name and Address of New Registered Agent**Name  
LODIN SCOTT  
Street Address (P.O. Box Number is Not Acceptable)  
4955 ORANGE DRIVE  
  
City 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****04/05/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☒ Delete  
NAME GARDNER DAVID  
STREET ADDRESS 4001 SW 47TH AVE, STE 201  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☐ Delete  
NAME LODIN SCOTT  
STREET ADDRESS 4001 SW 47TH AVE, STE 201  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE V/S ☒ Change ☐ Addition  
NAME LODIN SCOTT  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314TITLE V ☐ Delete  
NAME GLOVER RANDY  
STREET ADDRESS 4001 SW 47TH AVE., SUITE 201  
CITY-ST-ZIP FT. LAUDERDALE FL 33314TITLE V/T ☒ Change ☐ Addition  
NAME MALAHIAS ANGELO C  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314TITLE VD ☐ Delete  
NAME HAHN, ELLIOT F.  
STREET ADDRESS 4001 SW 47 AVENUE, STE 201  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE VD ☒ Change ☐ Addition  
NAME HAHN ELLIOT F  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314TITLE VD ☐ Delete  
NAME COHEN, ALAN P.  
STREET ADDRESS 4001 SW 47 AVE., STE 201  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE VD ☒ Change ☐ Addition  
NAME COHEN ALAN P  
STREET ADDRESS 4955 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL 33314TITLE PD ☐ Delete  
NAME CHEN, CHIH-MING J.  
STREET ADDRESS 4001 SW 47 AVENUE, ST. 201  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE PD ☒ Change ☐ Addition  
NAME CHEN CHIH-MING J  
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:** Scott LodinV/S **04/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)