

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000033116

**Entity Name:** IVAX PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

ATTN: LEGAL AFFAIRS  
425 PRIVET RD  
HORSHAM, PA 19044

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC4266183575**

**Current Mailing Address:**

ATTN: LEGAL AFFAIRS  
425 PRIVET RD  
HORSHAM, PA 19044 US

**FEI Number:** 65-0612572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            OBERMAN, ALLAN  
Address        1090 HORSHAM ROAD  
City-State-Zip: NORTH WALES PA 19454

Title            DIR  
Name            OBERMAN, ALLAN  
Address        1090 HORSHAM ROAD  
City-State-Zip: NORTH WALES PA 19454

Title            DIR  
Name            GRIFFIN, DEBORAH  
Address        1090 HORSHAM RD  
City-State-Zip: NORTH WALES PA 19454

Title            ASEC  
Name            SHANAHAN, BRIAN  
Address        425 PRIVET RD  
City-State-Zip: HORSHAM PA 19044

Title            ATRE  
Name            WHITE, STEVE  
Address        1090 HORSHAM ROAD  
City-State-Zip: NORTH WALES PA 19454

Title            CFO  
Name            GRIFFIN, DEBORAH  
Address        1090 HORSHAM ROAD  
City-State-Zip: NORTH WALES PA 19454

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN SHANAHAN

**ASSISTANT SECRETARY    04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date