2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2014
Secretary of State
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Entity Name: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

Current Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

Current Mailing Address:

400 INTERPACE PARKWAY
ATTN: LOIS PAGANO
PARSIPPANY, NJ 07054 US

FEI Number: 52-2159997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MGRM	Title	DP
Name	ANDRX CORPORATION	Name	BISARO, PAUL M
Address	4955 ORANGE DRIVE	Address	400 INTERPACE PARKWAY
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	PARSIPPANY NJ 07054
Title	CEO	Title	S
Name	JOYCE, TODD R	Name	BUCHEN, DAVID A
Address	400 INTERPACE PARKWAY	Address	400 INTERPACE PARKWAY
City-State-Zip:	PARSIPPANY NJ 07054	City-State-Zip:	PARSIPPANY NJ 07054

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. BUCHEN SECRETARY 03/11/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date