2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000001073

FILED
Sep 30, 2015
Secretary of State
CR8056772206

Entity Name: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

Current Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

Current Mailing Address:

400 INTERPACE PARKWAY
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: CT CORPORATION 09/30/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	BISARO, PAUL M	Name	BAILEY, A. ROBERT D.
Address	400 INTERPACE PARKWAY	Address	400 INTERPACE PARKWAY
City-State-Zip:	PARSIPPANY NJ 07054	City-State-Zip:	PARSIPPANY NJ 07054
Title	VP	Title	ASST. SECRETARY
Name	HILADO, MARIA TERESA	Name	SCHWARTZ, KIRA
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: KIRA SCHWARTZ ASST. SECRETARY 09/30/2015

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