

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056370

Entity Name: ANDA PHARMACEUTICALS, INC.

FILED
Mar 17, 2011
Secretary of State

Current Principal Place of Business:

6500 ADELAIDE COURT
GROVEPORT, OH 43125 US

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880 US

New Mailing Address:

311 BONNIE CIRCLE
ATTN: MICHELE DILLARD
CORONA, CA 92880 US

FEI Number: 82-0541812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 5 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: BISARO, PAUL M
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVP
Name: PAONESSA, ALBERT III
Address: 2915 WESTON ROAD
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: S
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP
Name: GIORDANO, THOMAS
Address: 13900 NW SECOND STREET
City-St-Zip: SUNRISE, FL 33325

Title: CFO
Name: JOYCE, R.TODD
Address: 400 INTERPACE PARKWAY
City-St-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 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: DAVID A BUCHEN

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03/17/2011

Electronic Signature of Signing Officer or Director

Date