

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056370

Entity Name: ANDA PHARMACEUTICALS, INC.**Current Principal Place of Business:**6500 ADELAIDE COURT
GROVEPORT, OH 43125**Current Mailing Address:**311 BONNIE CIRCLE
ATTN: MICHELE DILLARD
CORONA, CA 92880 US**FEI Number:** 82-0541812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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**Officer/Director Detail :**

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

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

Title	S
Name	BUCHEN, DAVID A
Address	400 INTERPACE PARKWAY
City-State-Zip:	PARSIPPANY NJ 07054

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

Title	CFO
Name	JOYCE, R.TODD
Address	400 INTERPACE PARKWAY
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 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**SECRETARY****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date