

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056370

Entity Name: ANDA PHARMACEUTICALS, INC.**Current Principal Place of Business:**8644 POLK LANE
OLIVE BRANCH, MS 38654**Current Mailing Address:**8644 POLK LANE
OLIVE BRANCH, MS 38654 US**FEI Number:** 82-0541812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 PRESIDENT, CEO, DIRECTOR
Name PHILLIPS, CHARLES
Address 2915 WESTON ROAD
City-State-Zip: WESTON FL 33331

Title TREASURER, CFO
Name CHEN, TRICIA HEW
Address 2915 WESTON ROAD
City-State-Zip: WESTON FL 33331

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

Title SECRETARY, VP LOGISTICS AND
 OPERATIONS
Name COCHRANE, PATRICK
Address 2915 WESTON ROAD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name BERLANSKA, JAMIE
Address 425 PRIVET ROAD
City-State-Zip: HORSHAM PA 19044

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: COCHRANE , PATRICK**SECRETARY, BY:**
KRISTEN ESPINALES,
ATTORNEY-IN-FACT

04/10/2020

Electronic Signature of Signing Officer/Director Detail

Date