

**2021 FLORIDA PROFIT CORPORATION AMENDED 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** SECRETARY, VICE PRESIDENT  
REGIONAL SUPPLY CHAIN  
MANAGEMENT**Name** COCHRANE, PATRICK**Address** 2915 WESTON ROAD**City-State-Zip:** WESTON FL 33331**Title** DIRECTOR**Name** SHANAHAN , BRIAN**Address** 145 BRANDYWINE PARKWAY**City-State-Zip:** WEST CHESTER PA 19380**Title** DIRECTOR, PRESIDENT, CEO**Name** RICHARDSEN, ERNEST**Address** 2915 WESTON ROAD**City-State-Zip:** WESTON FL 33331**Title** VP, CFO, TREASURER**Name** CHEN, TRICIA HEW**Address** 2915 WESTON ROAD**City-State-Zip:** WESTON FL 33331**Title** DIRECTOR**Name** SPARKS, COREY**Address** 400 INTERPACE PARKWAY, BLDG. A**City-State-Zip:** PARSIPPANY NJ 07054**Title** VICE PRESIDENT GROUP REGIONAL  
HEAD**Name** MIHELICH, ANTHONY**Address** 2915 WESTON ROAD**City-State-Zip:** WESTON FL 33331

*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:** PATRICK COCHRANE**SECRETARY BY SARAY** 09/16/2021  
**DJIDJI, ATTORNEY IN**  
**FACT**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date