

2024 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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** VICE PRESIDENT GROUP REGIONAL
HEAD**Name** MIHELICH, ANTHONY**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, PRESIDENT, CEO**Name** RICHARDSEN, ERNEST**Address** 2915 WESTON ROAD**City-State-Zip:** WESTON FL 33331**Title** ASST. TREASURER**Name** MCCORMACK, DOUGLAS**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: PATRICK COCHRANE**SECRETARY****04/30/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date