2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000005902

Entity Name: ONCALL PHARMACEUTICALS, LLC

Current Principal Place of Business:

5100 N. FEDERAL HWY. #100
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

5100 N. FEDERAL HWY.
SUITE 100
FORT LAUDERDALE, FL 33308

Current Mailing Address:

5100 N. FEDERAL HWY. #100
FORT LAUDERDALE, FL 33308

New Mailing Address:

5100 N. FEDERAL HWY.
SUITE 100
FORT LAUDERDALE, FL 33308

FEI Number: 26-1828032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRIXEN, HENRIK
5100 N. FEDERAL HWY. #100
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BRIXEN, HENRIK
5100 N. FEDERAL HWY.
SUITE 100
FORT LAUDERDALE, FL 33308 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BRIXEN, HENRIK
Address: 1628 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRIXEN, HENRIK
Address: 5100 NORTH FEDERAL HIGHWAY, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRIK BRIXEN MGR 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date