2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F06000000472

Entity Name: SIRION THERAPEUTICS, INC.

Current Principal Place of Business:

3110 CHERRY PALM DR
SUITE 340
TAMPA, FL 33619

New Principal Place of Business:

9314 E. BROADWAY AVE.
TAMPA, FL 33619

Current Mailing Address:

3110 CHERRY PALM DR
SUITE 340
TAMPA, FL 33619

New Mailing Address:

9314 E. BROADWAY AVE.
TAMPA, FL 33619

FEI Number: 20-3943372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENTON, SUSAN
3110 CHERRY PALM DR
SUITE 340
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

BENTON, SUSAN
9314 E. BROADWAY AVE.
TAMPA, FL 33619 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: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: BUTLER, BARRY
Address: 3110 CHERRY PALM DR., SUITE 340
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete
Name: BENTON, SUSAN
Address: 3110 CHERRY PALM DR., SUITE 340
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete
Name: KINSELLA, KEVIN J
Address: 888 PROSPECT ST SUITE 320
City-St-Zip: LA JOLLA, CA 92037

Title: D ( ) Delete
Name: MAIDA, ANTHONY E
Address: 828 EASTBROOK CT
City-St-Zip: DANVILLE, CA 94506

Title: D ( ) Delete
Name: RIEDHAMMER, THOMAS
Address: 309 HIDDEN LAKE DR
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: LABELLE, CURT H
Address: 630 FIFTH AVE SUITE 1965
City-St-Zip: NEW YORK, NY 10011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: BUTLER, BARRY
Address: 9314 E. BROADWAY AVE.
City-St-Zip: TAMPA, FL 33619

Title: S (X) Change ( ) Addition
Name: BENTON, SUSAN
Address: 9314 E. BROADWAY AVE.
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PAGE NELSON, LIZA
Address: 630 FIFTH AVE SUITE 1965
City-St-Zip: NEW YORK, NY 10011

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 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 an address, with all other like empowered.

SIGNATURE: SUSAN BENTON S 04/17/2009
Electronic Signature of Signing Officer or Director — Date