2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 19, 2012
Secretary of State

DOCUMENT# P11000039228

Entity Name: PIVOTAL THERAPEUTICS (US), INC.

Current Principal Place of Business:

3701 FAU BLVD, SUITE 210
BOCA RATON, FL 33431

New Principal Place of Business:

3651 SAU BLVD.
STE. 400
BOCA RATON, FL 33431 US

Current Mailing Address:

3701 FAU BLVD, SUITE 210
BOCA RATON, FL 33431

New Mailing Address:

3651 SAU BLVD.
STE. 400
BOCA RATON, FL 33431 US

FEI Number: 45-2196889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERKIN, STEWART A ESQ
444 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: BORTOLUZZI, EUGENE
Address: 3651 SAU BLVD., STE. 400
City-St-Zip: BOCA RATON, FL 33431 US

Title: D/VP
Name: MACSWEENEY, RACHELLE
Address: 3651 SAU BLVD., STE. 400
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: CAREY, JAMES
Address: 3651 SAU BLVD., STE. 400
City-St-Zip: BOCA RATON, FL 33431 US

Title: S
Name: MERKIN, STEWART A
Address: 444 BRICKELL AVE., STE. 300
City-St-Zip: MIAMI, FL 33131 US

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: EUGENE BORTOLUZZI P 09/19/2012

Electronic Signature of Signing Officer or Director — Date