2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P98000001252

Entity Name: PHARMAIR CORPORATION

Current Principal Place of Business:

C/O PHILLIP FROST M.D.
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Principal Place of Business:

4400 BISCAYNE BOULEVARD
SUITE 660
MIAMI, FL 33137

Current Mailing Address:

C/O PHILLIP FROST M.D.
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Mailing Address:

4400 BISCAYNE BOULEVARD
SUITE 660
MIAMI, FL 33137

FEI Number: 52-2071680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIN, STEVEN
4400 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

RUBIN, STEVEN
4400 BISCAYNE BLVD
15TH FLOOR
MIAMI, FL 33137 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: 04/21/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FROST, PHILLIP M.D.
Address: 4400 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FROST, PHILLIP MD
Address: 4400 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

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: PHILLIP FROST, MD P 04/21/2008
Electronic Signature of Signing Officer or Director — Date