

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003239

**Entity Name:** ALTHEADX, INC.**Current Principal Place of Business:**3550 DUNHILL ST  
SAN DIEGO, CA 92121**Current Mailing Address:**3550 DUNHILL ST  
SAN DIEGO, CA 92121**FEI Number:** 26-2018451**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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 P  
Name HAMILTON, GREG  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title VP  
Name GARCES, JORGE  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title SC  
Name FERRE', FRANCOIS  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title C  
Name MACOWSKI, J MATTHEW  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title D  
Name MARQUET, MAGDA  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title D  
Name LASHKARI, DEVAL  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF COMMERCIAL OFFICER  
Name BLALOCK, SHANNON B  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title CFO  
Name SANDVIK, CARIN D  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

**Continues on page 2**

*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:** CARIN SANDVIK

CFO

01/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SR. VP, QUALITY & REGULATORY  
Name CENTENO, JOEL  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name GLAVIN, JIM  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title SR VP, OPERATIONS  
Name LUKOWIAK, ANDREW  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name KESSLER, ANN  
Address 3550 DUNHILL ST  
City-State-Zip: SAN DIEGO CA 92121