FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(6)

DOCUMENT #
1. Corporation Name **ALPHA THERAPEUTIC CORPORATION**

FILED May 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
% TAX DEPAR		% TAX DEPARTMENT				,		
5555 VALLEY BLVD		5555 VALLEY BLVD				DO NOT WRITE IN THIS SPACE		
LOS ANGELES CA 80032		LOS ANGELES CA 90032				3. Date Incorporated or Qualified		
						05/16/1989		
2. Principal Pi	ace of Business	2a. Mailing Address				4, FEI Number	At	oplied For
21		26				95-3267178	h	ot Applicable
Suite, Apt.	#. 6 1C	Suite, Apt. #, etc.				<u></u>		Additional
22		27				5. Certificate of Status Desired		equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip			Cou	Country		8. This corporation owes or has paid the cu	rrept year in	tangible
24	25	29	30			Personal Property Tax due June 30. Yes No] No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM				B1	Name			
1200 \$. PINE ISLAND ROAD				82	Street	Address (P.O. Box Number is Not Acceptable)		
l PLA		Street Au		0110017	The state of the s			
				83			•	
	•			84	City		or 7in	Codo
				64	City	FL	_ 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0503	2 and 607 1508, Florida Stat	utes, the al	pove	named	corporation submits this statement for the nurnose r	f changing i	ts registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
Signature, typeri or printial name of registered rights and other translations (NOTE, Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PCEO			TLE			L Change	Addition :
NAME	MATVELD, H, EDWARD		1.2 N/	1.2 NAME				
STREET ADDRESS			1.3 S1	1.3 STREET ADDRESS				Į,
CITY-ST-ZIP			1.4 CI	1.4 CITY - ST - ZIP				
TITLE	SVP DELETE		: 2.1 TI	2.1 TITLE			Change	Addition (
NAME	HARTIN, WILLIAM, G	2.2 N		AME				}
STREET ADDRESS	5555 VALLEY BOULEVARD	238		2.3 STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA			ITY - S	T-ZIP			
TITLE			3.1 TI	3.1 TITLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS	5555 VALLEY BOULEVARD	LEVAKU 3.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA			ITY-S	1 - ZIP			
TITLE	SVS	☐ DELETE	☐ DELETE 4.1 T			Sr. UP, Secretary & CFO	Change	☐ Addition
NAME	COLTON, EDWARD, A		4. 2 N	IAME		ĺ		
STREET ADDRESS	5555 VALLEY BOULEVARD		4.3 S1	TREET	ADDRESS			}
CITY-ST-ZIP	LOS ANGELES CA			11Y - S	1 - ZIP		W/	
TITLE	VP	☐ DELETE	5.1 TI	TLE		VP & Treasurer	Change	Addition
NAME	LAWRENCE, CHERYL		5.2 N	AME			•	
STREET ADDRESS	5555 VALLEY BOULEVARD		5.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA		5.4 CI	ITY-S	1 - ZIP		<u>`~</u>	
TITLE	SVIC	DELETE	6.1 TI	TLE		VP	Change	Addition
NAME	NAKAGAWA, KEN	• •	6.2 N	AME	ļ	Sue Preston.	•	
STREET ADDRESS			6.3 \$1	. 6.3 STREET ADDRESS		5555 VALLEY BIVA.		
CITY-ST-ZIP	LOS ANGELES CA		6.4 CI	TY-S	1-ZIP	Los fragles, CA 90	032	

14. Thereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 11997(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

11/21/18