

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 9: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P37189 (8)

1. Corporation Name

ALPHA THERAPEUTIC SERVICES, INC.

Principal Place of Business

**5555 VALLEY BOULEVARD
LOS ANGELES CA 90032**

Mailing Address

**5555 VALLEY BOULEVARD
LOS ANGELES CA 90032**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/17/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **64-0629687** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
NAME **MATVELD, H. EDWARD**
STREET ADDRESS **5555 VALLEY BLVD**
CITY - ST - ZIP **LOS ANGELES CA**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE **V**
NAME **COLTON, EDWARD**
STREET ADDRESS **5555 VALLEY BLVD.**
CITY - ST - ZIP **LOS ANGELES CA**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE **S**
NAME **KALLIOMAA, JILL F.**
STREET ADDRESS **5555 VALLEY BLVD.**
CITY - ST - ZIP **LOS ANGELES CA**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE **D**
NAME **DEHART, PETE**
STREET ADDRESS **5555 VALLEY BLVD.**
CITY - ST - ZIP **LOS ANGELES CA**

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE **D**
NAME **MATVELD, H. EDWARD**
STREET ADDRESS **5555 VALLEY BLVD.**
CITY - ST - ZIP **LOS ANGELES CA**

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE **CFO**
NAME **LAWRENCE, CHERYL**
STREET ADDRESS **5555 VALLEY BLVD.**
CITY - ST - ZIP **LOS ANGELES CA**

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee 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.

SIGNATURE: Edward A. Colton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 (213) 227-7011

Document # P37189

ALPHA THERAPEUTIC SERVICES, INC.

OFFICERS

January 1, 1995

H. Edward Matveld	President
Cheryl Lawrence	CFO & Vice President, Finance
Edward A. Colton	Vice President
Pete DeHart	Vice President
Jill Kalliomaa	Secretary

Address for all Officers is:

**Alpha Therapeutic Services, Inc.
5555 Valley Boulevard
Los Angeles, CA 90032**

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Document # P37189

ALPHA THERAPEUTIC SERVICES, INC.

DIRECTORS

JANUARY 1, 1995

1. H. Edward Matveld, Chairman
2. Pete Dehart
3. Kensuke Nakagawa
4. Edward A. Colton

Address for all Directors is:

Alpha Therapeutic Services, Inc.
5555 Valley Boulevard
Los Angeles, CA 90032