

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90704 037 ***150.00

DOCUMENT # P37189

1. Entity Name
ALPHA THERAPEUTIC SERVICES, INC.

Principal Place of Business 5555 VALLEY BOULEVARD LOS ANGELES CA 90032	Mailing Address TAX DEPARTMENT 5555 VALLEY BLVD. LOS ANGELES CA 90032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 64-0629687		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	P/C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLTON, EDWARD A			NAME			
STREET ADDRESS	5555 VALLEY BLVD			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90032			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TALTY, SHEILA			NAME	Chris Jarosz		
STREET ADDRESS	5555 VALLEY BLVD.			STREET ADDRESS	5555 Valley Blvd.		
CITY-ST-ZIP	LOS ANGELES CA 90032			CITY-ST-ZIP	Los Angeles, CA 90032		
TITLE	VCFD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, CHERYL D			NAME			
STREET ADDRESS	5555 VALLEY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90032			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERCE, DAVID			NAME			
STREET ADDRESS	5555 VALLEY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90032			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	David Bell		
STREET ADDRESS				STREET ADDRESS	5555 Valley Blvd.		
CITY-ST-ZIP				CITY-ST-ZIP	Los Angeles, CA 90032		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Gary Mill		
STREET ADDRESS				STREET ADDRESS	5555 Valley Blvd.		
CITY-ST-ZIP				CITY-ST-ZIP	Los Angeles, CA 90032		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edw. A. Colton **SIGNATURE REQUIRED** 4/29/02 **323-227-7011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)