

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830548

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: ELAN VITAL, INC.

**Current Principal Place of Business:**

20 ISLAND AVENUE  
SUITE 104  
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

ELAN VITAL, INC  
P.O. BOX 6130  
MALIBU, CA 90264

**New Mailing Address:**

ELAN VITAL, INC  
P.O. BOX 2220  
AGOURA HILLS, CA 91376

FEI Number: 23-7174539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, LINDA M.  
11900 BISCAYNE BLVD SUITE 200  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: GABRIEL, CAROL  
Address: 28720 CANWOOD STREET, SUITE 201  
City-St-Zip: AGOURA HILLS, CA 91301

Title: PT ( ) Delete  
Name: LEBLANG, LARRY D  
Address: 28720 CANWOOD STREET, SUITE 201  
City-St-Zip: AGOURA HILLS, CA 91301

Title: D ( ) Delete  
Name: TRINE, ROBERT  
Address: 2899 AGOURA ROAD, TMB 219  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: D ( ) Delete  
Name: KOWARSKY, STEPHEN R  
Address: 6 PEMBURY COURT  
City-St-Zip: MELVILLE, NY 11747

Title: D ( ) Delete  
Name: LEITNER, MARCIA  
Address: 555 KINGS ROAD  
City-St-Zip: ALAMEDA, CA 94501

Title: D ( ) Delete  
Name: BROGAN, BARBARA  
Address: 135 MURCOTT CIRCLE  
City-St-Zip: ORANGE VILLAGE, OH 44022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: TRINE, ROBERT  
Address: 2899 AGOURA ROAD, TMB 219  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LEBLANG

P

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date