

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90010 032 \*\*\*\*61.25

**DOCUMENT # 830548**

1. Entity Name

**ELAN VITAL, INC.**

Principal Place of Business

Mailing Address

**20 ISLAND AVENUE  
 SUITE 104  
 MIAMI FL 33139**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7174539**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, KATHIE</b>	
STREET ADDRESS	<b>28720 CANWOOD STREET</b>	
CITY-ST-ZIP	<b>AGOURA HILLS CA 91301</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS G. HAGAN</b>	
STREET ADDRESS	<b>755 LAKEFIELD DRIVE, SUITE J</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 93021</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROSS, LINDA</b>	
STREET ADDRESS	<b>20 ISLAND AVE STE 1104</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEBELER, CARL</b>	
STREET ADDRESS	<b>1223 WILSHIRE BLVD SUITE 912</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA 90402</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEITNER, MARCIA</b>	
STREET ADDRESS	<b>555 KINGS ROAD</b>	
CITY-ST-ZIP	<b>ALAMEDA CA 94501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROGAN, BARBARA</b>	
STREET ADDRESS	<b>135 MURCOTT CIRCLE</b>	
CITY-ST-ZIP	<b>ORANGE VILLAGE OH 44022</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas, Kathie</b>	
STREET ADDRESS	<b>28720 Canwood Street, Suite 201</b>	
CITY-ST-ZIP	<b>Agoura Hills, CA 91301</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leblang, Larry D.</b>	
STREET ADDRESS	<b>28720 Canwood Street, Suite 201</b>	
CITY-ST-ZIP	<b>Agoura Hills, CA 91301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Trine, Robert</b>	
STREET ADDRESS	<b>2899 Agoura Road, TMB 219</b>	
CITY-ST-ZIP	<b>Westlake Village, CA 91361</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kowarsky, Stephen R.</b>	
STREET ADDRESS	<b>6 Pembury Court</b>	
CITY-ST-ZIP	<b>Melville, NY 11747</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kathie Thomas* Secretary

4/4/02

818-889-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0092923