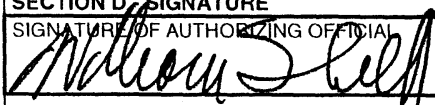
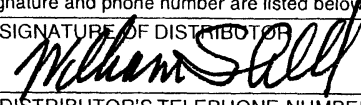


DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)		FDA USE ONLY 131916 <i>131914</i>	FDA USE ONLY 4/3/2009 2009 APR - 2 15
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).		LABELER CODE 068405	REGISTRATION NUMBER 2032859
SECTION A - SITE INFORMATION			
REPORTING FIRM NAME Physician Therapeutics Inc I.L.C.		STATE OF INC. California	
SITE ADDRESS (No P.O. Box) 2980 Beverly Glen Circle Suite 301		SITE TELEPHONE NUMBER (310) 474-9809	
CITY Los Angeles	STATE CA	ZIP CODE 90077	COUNTRY USA
BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY			
SITE MAILING ADDRESS (If different from site address)			
CITY	STATE	ZIP CODE	COUNTRY
SITE INTERNET/EMAIL ADDRESS			
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)			
PARENT COMPANY NAME Targeted Medical Pharma Inc.			
REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Merger/Buyout <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change		TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____	PERSON SUBMITTING DATA AND TELEPHONE Briande O'Hara 310-474-9809 BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input checked="" type="checkbox"/> Distributor* <input type="checkbox"/> Repacker <input type="checkbox"/> Foreign Country <input checked="" type="checkbox"/> Relabeler <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence			
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code 2980 Beverly Glen Circle Suite 301		TELEPHONE NUMBER (310) 474-9809	
CITY Los Angeles	STATE CA	ZIP CODE 90077	COUNTRY USA
COMPLIANCE INTERNET/EMAIL ADDRESS lizch@ptlcentral.com			
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION			
NAME OF OWNER, PARTNERS OR OFFICERS		TITLE	POSITION
Kim Giffoni		President	Chief Operating Officer
William Shell, MD		CEO	CEO and Chief Scientific Officer
Elizabeth Charuvastra		Chairman	Chief Regulatory Officer
OTHER FIRMS DOING BUSINESS AT THIS SITE			
LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME
SECTION D - SIGNATURE			
SIGNATURE OF AUTHORIZING OFFICIAL 		TITLE CEO	DATE 03/30/2009
*DISTRIBUTOR'S CERTIFICATION: As a Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.			
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV		SIGNATURE OF DISTRIBUTOR  DISTRIBUTOR'S TELEPHONE NUMBER (310) 474-9809	

RECEIVED
 APR 01 2009
 DRLS