

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 -07/05/96-01053-017

DOCUMENT # 836941 (5)

1. Corporation Name
VIVRA RENAL CARE, INC.

Principal Place of Business: **2 MAREBLU LAGUNA HILLS CA 92656 US**
 Mailing Address: **400 PRIMROSE 200 BURLINGAME CA 94010 US**

3. Date Incorporated or Reincorporated: **08/31/1976**
 4. FET Number: **95-2977916**
 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
 10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City.

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: _____ DATE: _____
Signature typed for principal place of business agent and state if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRY, KENT J	12 NAME	
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200	13 STREET ADDRESS	1850 Gateway Drive, Suite 500
CITY-ST-ZIP	BURLINGAME CA	14 CITY-ST-ZIP	San Mateo, CA 94404
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMWALT, LEANNE	22 NAME	
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200	23 STREET ADDRESS	1850 Gateway Drive, Suite 500
CITY-ST-ZIP	BURLINGAME CA	24 CITY-ST-ZIP	San Mateo, CA 94404
TITLE	AVP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, JAN	32 NAME	
STREET ADDRESS	1124 LAKEVIEW RD 2	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DAVID	42 NAME	
STREET ADDRESS	2 MAREBLU	43 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, DAVID, M.D.	52 NAME	
STREET ADDRESS	1498 SOUTHGATE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	DALY CITY CA	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEHRA, JOHN	62 NAME	
STREET ADDRESS	1119 ST. PAUL STREET	63 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leanne Zumwalt* **7/3/96 (714) 831-0900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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VIVRA RENAL CARE, INC.

Officers and Directors

<u>Name/Title</u>	<u>Business Address</u>
Douglas E. Zielasko Vice President - Southwest	11 Mareblu #220 Aliso Viejo, CA 92656
Allen Miller Vice President - Northeast	14 Clairton Boulevard Pittsburgh, PA 15236
Deborah B. Maguire Vice President - Central	130 Beminston Avenue #708 Clayton, MO 63105
Cynthia Barnard Vice President - Northwest	2503 West Shaw #102 Fresno, CA 93711
Terry O. Gilpin Vice President - Gulf	1730 West 2nd Street Montgomery, AL 36106
Ron Sawyer Vice President - Mid-Atlantic	5100 Leesburg Pike #302 Alexandria, VA 22302
Janice Graff Vice President - Clinical Services	19345 US 19 North #100 Clearwater, FL 34624
Richard B. Fontaine Director	2814 Four Lakes Drive Park City, UT 84060
Stephen G. Pagliuca Director	2 Copley Place Boston, MA 02116