

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Sep 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 836941 (5)**

1. Corporation Name  
**VIVRA RENAL CARE, INC.**



Principal Place of Business	Mailing Address
<b>2 MAREBLU LAGUNA HILLS CA 92656 US</b>	<b>400 PRIMROSE 200 BURLINGAME CA 94010-4010 US</b>

3. Date Incorporated or Qualified <b>08/31/1976</b>	3a. Date of Last Report <b>07/05/1996</b>
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2. Principal Place of Business	2a. Mailing Address
<b>21 1919 Charlotte Avenue</b>	<b>26 1185 Oak Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23 Nashville, TN</b>	<b>28 Lakewood, CO</b>
Zip	Country
<b>24 37203</b>	<b>25 USA</b>
Country	Country
<b>29 80215</b>	<b>30 USA</b>

4. FEI Number <b>95-2977916</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	1850 GATEWAY DRIVE, SUITE 500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE	
STREET ADDRESS	1850 GATEWAY DRIVE, SUITE 500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	DEES, JAN	
STREET ADDRESS	1124 LAKEVIEW RD 2	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, DAVID	
STREET ADDRESS	2 MAREBLU	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNER, DAVID, M.D.	
STREET ADDRESS	1498 SOUTHGATE AVE.	
CITY-ST-ZIP	DALY CITY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEHRA, JOHN	
STREET ADDRESS	1119 ST. PAUL STREET	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mats Wahlstrom	
1.3 STREET ADDRESS	1185 Oak Street	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	
2.1 TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herbert S. Lawson	
2.3 STREET ADDRESS	1185 Oak Street	
2.4 CITY-ST-ZIP	Lakewood, CO 80215	
3.1 TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ralph Z. Levy, Jr.	
3.3 STREET ADDRESS	1919 Charlotte Avenue	
3.4 CITY-ST-ZIP	Lakewood, CO 80215	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bruce Winsor	
4.3 STREET ADDRESS	1185 Oak Street	
4.4 CITY-ST-ZIP	Lakewood, CO 80215	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	David P. Barry	
5.3 STREET ADDRESS	115 Columbia	
5.4 CITY-ST-ZIP	Aliso Viejo, CA 92656	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_ Vice President 9/1/97 (200) 299-9991

CR2E034 (9/96)