

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -7 PM 1:01**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997  
**A96000002041**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership <b>VIVRA WOUND SERVICES OF SOUTH FLORIDA, LTD.</b>		1a. DOCUMENT # <b>A96000002041</b>	
Mailing Address <b>1210 Northwest 95th Street Miami, FL 33147</b>		Principal Office Address <b>SAME</b>	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Formed or Registered <b>11/4/96</b>		5a. Capital Contributions as Shown on record. <b>\$10.00</b>	
3a. Date of Last Report <b>N/A</b>		5b. Amount of Capital Contributions in FLORIDA to date. <b>\$10.00</b>	
4. State or Country of Formation <b>Florida</b>		6. FEI Number Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

**BK 11/7/97**

9. Name and Address of Current Registered Agent <b>James J. Terpstra 1210 Northwest 95th Street Miami, FL 33147</b>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Vivra Health Advantage, Inc.	5310 Maryland Way Suite 300	Brentwood, TN 37027	F9600001843
			500002054075--8 -01/10/97--01070--001 *****52.50 *****52.50
			500002054075--8 -01/10/97--01070--002 *****138.75 *****138.75

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: Robert A. Vraciu DATE 12/14/96  
 Robert A. Vraciu, President  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/96)