

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 JUL -5 PM 3:05

DOCUMENT # F95000002361 (2)

1. Corporation Name
VIVRA HEART SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100001885251
-07/05/96--01053--019

Principal Place of Business Mailing Address
400 PRIMROSE, #200 BURLINGAME CA 94010

3. Date Incorporated or Qualified **05/15/1995**
4. FEI Number **94-3221948**
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. 199.03? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1850 Gateway Drive** 26 **1850 Gateway Drive**
Suite, Apt #, etc Suite, Apt #, etc
22 **Suite 500** 27 **Suite 500**
City & State City & State
23 **San Mateo, CA** 28 **San Mateo, CA**
Zip Country Zip Country
24 **94404** 25 **USA** 29 **94404** 30 **USA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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
FL

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 _____ Signature (Special procedure for registered agent and the applicable (FOUR) Registered Agent signature required when re-appointing) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	C THIRY, KENT J
STREET ADDRESS	400 PRIMROSE, #200 BURLINGAME CA 94010
CITY-ST-ZIP	BURLINGAME CA 94010
TITLE	<input type="checkbox"/> DELETE
NAME	DST ZUMWALT, LEANNE M
STREET ADDRESS	400 PRIMROSE, #200 BURLINGAME CA 94010
CITY-ST-ZIP	BURLINGAME CA 94010
TITLE	<input type="checkbox"/> DELETE
NAME	DCOO BLACKWELDER, ERNEST A
STREET ADDRESS	400 PRIMROSE, #200 BURLINGAME CA 94010
CITY-ST-ZIP	BURLINGAME CA 94010
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P BLACKWELDER, ERNEST A
STREET ADDRESS	400 PRIMROSE, #200 BURLINGAME CA 94010
CITY-ST-ZIP	BURLINGAME CA 94010
TITLE	<input type="checkbox"/> DELETE
NAME	V POZEN, RICHARD G MD
STREET ADDRESS	6525 SW 92ND ST., #D13 MIAMI FL 33150
CITY-ST-ZIP	MIAMI FL 33150
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V LONG, WILLIAM
STREET ADDRESS	400 PRIMROSE, #200 BURLINGAME CA 94010
CITY-ST-ZIP	BURLINGAME CA 94010

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THIRY, Kent J.
1.3 STREET ADDRESS	1850 Gateway Drive, Suite 500
1.4 CITY-ST-ZIP	San Mateo, CA 94404
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZUMWALT, LeAnne
2.3 STREET ADDRESS	1850 Gateway Drive, Suite 500
2.4 CITY-ST-ZIP	San Mateo, CA 94404
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACKWELDER, Ernest A.
3.3 STREET ADDRESS	1850 Gateway Drive, Suite 500
3.4 CITY-ST-ZIP	San Mateo, CA 94404
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	POZEN, Richard G. MD
5.3 STREET ADDRESS	10761 S.W. 104th Street
5.4 CITY-ST-ZIP	Miami, FL 33176
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D NEHRA, John M.
6.3 STREET ADDRESS	1119 St. Paul Street
6.4 CITY-ST-ZIP	Baltimore, MD 21202

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 as an attachment with an address.

SIGNATURE: **STEVEN C. BILT, VICE PRESIDENT (714) 831-0900**
LEANNE ZUMWALT, Secy (415) 577-5700

CR2E034 (3/96)