

**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

APPROVED AND FILED

96 JUL -5 PM 2:35

DOCUMENT # F95000005176 (1)

1. Corporation Name

VIVRA ORTHOPAEDICS INC.



900001885239
-07/05/96-01053-012
*****225.00 *****225.00

Principal Place of Business

Mailing Address

400 PRIMROSE, SUITE 200
BURLINGAME CA 94010

400 PRIMROSE, SUITE 200
BURLINGAME CA 94010

2. Principal Place of Business

21 1850 Gateway Drive

Suite, Apt #, etc

22 Suite 500

City & State

23 San Mateo, CA

Zip

24 94404

Country

25 USA

2a. Mailing Address

26 1850 Gateway Drive

Suite, Apt #, etc

27 Suite 500

City & State

28 San Mateo, CA

Zip

29 94404

Country

30 USA

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

4. FEI Number

94-3224890

Applied For

Not Applicable

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

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

900001885239
-07/05/96-01053-013
*****8.75 *****8.75
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 typed or printed in block below agent and board applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD THIRY, KENT J DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
400 PRIMROSE, SUITE 200
BURLINGAME CA 94010

TITLE STD ZUMWALT, LEANNE M DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
400 PRIMROSE, SUITE 200
BURLINGAME CA 94010

TITLE D STRICKLAND, DR. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
400 PRIMROSE, SUITE 200
BURLINGAME CA 94010

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD Change 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 Change Addition

2.2 NAME ZUMWALT, LeAnne M.
2.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
2.4 CITY-ST-ZIP San Mateo, CA 94404

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE P Change Addition

4.2 NAME RUSSELL, Richard G.
4.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
4.4 CITY-ST-ZIP San Mateo, CA 94404

5.1 TITLE D Change Addition

5.2 NAME KLEINMAN, William (MD)
5.3 STREET ADDRESS 8501 Harcourt Road
5.4 CITY-ST-ZIP Indianapolis, IN 46280

6.1 TITLE Change 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 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:

[Signature]

STYRENE C. BILT VICE PRESIDENT
LEANNE ZUMWALT, Secy

(714) 831-0900
(415) 577-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)