

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F96000001843

1. Corporation Name
VIVRA Health Advantage, Inc.

Principal Place of Business Mailing Address
**400 Primrose Avenue
Suite 200
Burlingame, CA 94010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		62-1331244		Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
25		29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE		President/CEO/Director		13.1 TITLE		Director	
12.2 NAME		Robert Vraciu		13.2 NAME		Kent J. Thiry	
12.3 STREET ADDRESS		5310 Maryland Way #300		13.3 STREET ADDRESS		400 Primrose #200	
12.4 CITY- ST- ZIP		Brentwood, TN 37027		13.4 CITY- ST- ZIP		Burlingame, CA 94010	
12.5 TITLE		Secretary/Treasurer/Director		13.5 TITLE			
12.6 NAME		LeAnne Zumwalt		13.6 NAME			
12.7 STREET ADDRESS		2 Mareblu		13.7 STREET ADDRESS			
12.8 CITY- ST- ZIP		Laguna Hills, CA 92656		13.8 CITY- ST- ZIP			
12.9 TITLE		Vice President		13.9 TITLE			
12.10 NAME		Gary LaRue		13.10 NAME			
12.11 STREET ADDRESS		155 Franklin Road #451		13.11 STREET ADDRESS			
12.12 CITY- ST- ZIP		Brentwood, TN 37027		13.12 CITY- ST- ZIP			
12.13 TITLE		Vice President		13.13 TITLE			
12.14 NAME		Kathryn McDougall		13.14 NAME			
12.15 STREET ADDRESS		155 Franklin Road #451		13.15 STREET ADDRESS		000001888800	
12.16 CITY- ST- ZIP		Brentwood, TN 37027		13.16 CITY- ST- ZIP		-07/10/96--01010--015	
12.17 TITLE		Vice President		13.17 TITLE		***225.00	
12.18 NAME		Gregg Lehman		13.18 NAME			
12.19 STREET ADDRESS		155 Franklin Road #451		13.19 STREET ADDRESS			
12.20 CITY- ST- ZIP		Brentwood, TN 37027		13.20 CITY- ST- ZIP			
12.21 TITLE		Vice President		13.21 TITLE			
12.22 NAME		Matt Newbill		13.22 NAME			
12.23 STREET ADDRESS		155 Franklin Road #451		13.23 STREET ADDRESS			
12.24 CITY- ST- ZIP		Brentwood, TN 37027		13.24 CITY- ST- ZIP			

14. I do hereby certify that the information furnished 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 607, 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* **LEANNE ZUMWALT Secretary** (714) 831-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07099608