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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001843 (9)

1. Corporation Name
VIVRA HEALTH ADVANTAGE, INC.



Principal Place of Business
**400 PRIMROSE #200
BURLINGAME CA 94010**

Mailing Address
**400 PRIMROSE #200
BURLINGAME CA 94010-4010**

3. Date Incorporated or Qualified **04/12/1996** 3a. Date of Last Report **07/09/1996**

2. Principal Place of Business
21 **1850 Gateway Drive**
Suite, Apt. #, etc.
22 **500**
City & State
23 **San Mateo, CA**
Zip Country
24 **94404** 25 **USA**

2a. Mailing Address
26 **1850 Gateway Drive**
Suite, Apt. #, etc.
27 **500**
City & State
28 **San Mateo, CA**
Zip Country
29 **94404** 30 **USA**

4. FEI Number **94-3248086** Applied For
~~92-1881244~~ 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	400 PRIMROSE #200	
CITY - ST - ZIP	BURLINGAME CA 94010	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	VRACIU, ROBERT	
STREET ADDRESS	5310 MARYLAND WAY, #300	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWBILL, MATT	
STREET ADDRESS	155 FRANKLIN RD, #451	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JUMWALT, LEANNE	
STREET ADDRESS	2 MAREBLU	
CITY - ST - ZIP	LAGUNA HILLS CA 92656	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LARUE, GARY	
STREET ADDRESS	155 FRANKLIN RD #451	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDUGALL, KATHRYN	
STREET ADDRESS	155 FRANKLIN RD #451	
CITY - ST - ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NEWBILL, MATT	
3.3 STREET ADDRESS	5310 Maryland Way #300	
3.4 CITY - ST - ZIP	Brentwood, TN 37027	
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZUMWALT, LEANNE M.	
4.3 STREET ADDRESS	1850 Gateway Drive #500	
4.4 CITY - ST - ZIP	San Mateo, CA 94404	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NANOS, GREG	
5.3 STREET ADDRESS	5310 Maryland Way #300	
5.4 CITY - ST - ZIP	Brentwood, TN 37027	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCDUGALL, KATHRYN	
6.3 STREET ADDRESS	5310 Maryland Way #300	
6.4 CITY - ST - ZIP	Brentwood, TN 37027	

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: *Leanne M. Zumwalt* **LEANNE M. ZUMWALT, Secretary 2/19/97 (415) 577-5510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)