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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 # F96000002078 (1)

1. Corporation Name  
VIVRA ASTHMA & ALLERGY CAREAMERICA, INC.



Principal Place of Business Mailing Address  
400 PRIMROSE SUITE 200 BURLINGAME CA 94010  
400 PRIMROSE SUITE 200 BURLINGAME CA 94010-4010

3. Date Incorporated or Qualified 04/25/1996  
3a. Date of Last Report  
4. FEI Number 94-3243087 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

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	400 PRIMROSE SUITE 200	
CITY-ST-ZIP	BURLINGAME CA 94010	
TITLE	PD	DELETE
NAME	PROSEK, ROBERT A	
STREET ADDRESS	400 PRIMROSE SUITE 200	
CITY-ST-ZIP	BURLINGAME CA 94010	
TITLE	DST	DELETE
NAME	ZUMWALT, LEANNE	
STREET ADDRESS	400 PRIMROSE SUITE 200	
CITY-ST-ZIP	BURLINGAME CA 94010	
TITLE	CFOV	DELETE
NAME	FRIAR, TOM	
STREET ADDRESS	400 PRIMROSE SUITE 200	
CITY-ST-ZIP	BURLINGAME CA 94010	
TITLE	V	DELETE
NAME	MCCURREN, KEVIN	
STREET ADDRESS	1807 GRANTHAM COURT	
CITY-ST-ZIP	LOUISVILLE KY 40222	
TITLE	V	DELETE
NAME	ALBRIGHT, CRAIG	
STREET ADDRESS	400 PRIMROSE SUITE 200	
CITY-ST-ZIP	BURLINGAME CA 94010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	Change	Addition
1.2 NAME	Kent J. Thiry		
1.3 STREET ADDRESS	1850 Gateway Drive, Suite 500		
1.4 CITY-ST-ZIP	San Mateo, CA 94404		
2.1 TITLE	President/Director	Change	Addition
2.2 NAME	Robert A. Prosek		
2.3 STREET ADDRESS	1850 Gateway Drive, Suite 500		
2.4 CITY-ST-ZIP	San Mateo, CA 94404		
3.1 TITLE	Secretary/Treasurer/Director	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS	1850 Gateway Drive, Suite 500		
3.4 CITY-ST-ZIP	San Mateo, CA 94404		
4.1 TITLE	CFO/Vice President	Change	Addition
4.2 NAME	Thomas O. Friar		
4.3 STREET ADDRESS	1850 Gateway Drive, Suite 500		
4.4 CITY-ST-ZIP	San Mateo, CA 94404		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Vice President	Change	Addition
6.2 NAME	Craig Albright		
6.3 STREET ADDRESS	1850 Gateway Drive, Suite 500		
6.4 CITY-ST-ZIP	San Mateo, CA 94404		

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)