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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

3a. Date of Last Report

04/25/1996

4. FEI Number

Applied For

94-3243087

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

10. Name and Address of New Registered Agent

C T 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

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

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

TITLE PD ☐ DELETE

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

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

TITLE DST ☐ DELETE

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

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

TITLE CFOV ☐ DELETE

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

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

TITLE V ☐ DELETE

NAME MCCURREN, KEVIN
STREET ADDRESS 1807 GRANTHAM COURT
CITY-ST-ZIP LOUISVILLE KY 40222

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

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

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)