

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 27 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **F96000002744 (8)**
1. Corporation Name
VIVRA ENT, INC.



Principal Place of Business: **400 PRIMROSE #200 BURLINGAME CA 94010**
Mailing Address: **400 PRIMROSE #200 BURLINGAME CA 94010-4010**

21	2. Principal Place of Business 1850 Gateway Drive	26	2a. Mailing Address 1850 Gateway Drive
22	Suite, Apt #, etc: 500	27	Suite, Apt #, etc: 500
23	City & State San Mateo, CA	28	City & State San Mateo, CA
24	Zip 94404	29	Zip 94404
	Country USA	30	Country USA

3. Date Incorporated or Qualified 05/31/1996	3a. Date of Last Report
4. FEI Number 943243086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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	DST	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	400 PRIMROSE #200	
CITY- ST- ZIP	BURLINGAME CA 94010	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOYNER, DAVID	
STREET ADDRESS	400 PRIMROSE #200	
CITY- ST- ZIP	BURLINGAME CA 94010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	KENT J. THIRY	
1.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
1.4 CITY- ST- ZIP	San Mateo, CA 94404	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEANNE M. ZUMWALT	
2.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
2.4 CITY- ST- ZIP	San Mateo, CA 94404	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID S. JOYNER	
3.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
3.4 CITY- ST- ZIP	San Mateo, CA 94404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Date: 2/19/97

CR2E034 (9/96)

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