

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002809 (9)

1. Corporation Name
VIVRA LABORATORY SERVICES, INC.



Principal Place of Business 400 PRIMROSE, SUITE 200 BURLINGAME CA 94010	Mailing Address 400 PRIMROSE, SUITE 200 BURLINGAME CA 94010-4010
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2. Principal Place of Business 21 1850 Gateway Drive Suite, Apt. #, etc. 22 500 City & State 23 San Mateo, CA Zip 24 94404		2a. Mailing Address 25 1850 Gateway Drive Suite, Apt. #, etc. 26 500 City & State 27 San Mateo, CA Zip 28 94404 Country 29 USA		3. Date Incorporated or Qualified 06/05/1996		3a. Date of Last Report	
4. FEI Number 33-0697637		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

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 FL			

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DAVID P	1.2 NAME	
STREET ADDRESS	400 PRIMROSE, STE 200	1.3 STREET ADDRESS	115 Columbia
CITY-ST-ZIP	BURLINGAME CA	1.4 CITY-ST-ZIP	Aliso Viejo, CA 92656
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILPIN, TERRY	2.2 NAME	
STREET ADDRESS	400 PRIMROSE, STE 200	2.3 STREET ADDRESS	115 Columbia
CITY-ST-ZIP	BURLINGAME CA	2.4 CITY-ST-ZIP	Aliso Viejo, CA 92656
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMWALT, LEANNE M	3.2 NAME	
STREET ADDRESS	400 PRIMROSE, STE 200	3.3 STREET ADDRESS	1850 Gateway Drive, Suite 500
CITY-ST-ZIP	BURLINGAME CA	3.4 CITY-ST-ZIP	San Mateo, CA 94404
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRY, KENT J	4.2 NAME	
STREET ADDRESS	400 PRIMROSE, STE 200	4.3 STREET ADDRESS	1850 Gateway Drive, Suite 500
CITY-ST-ZIP	BURLINGAME CA	4.4 CITY-ST-ZIP	San Mateo, CA 94404
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2/19/97 (415) 577-5510

CR2E034 (9/96)