

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

**FILED**

**Mar 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003167 (1)**  
 1. Corporation Name  
**VIVRA OB-GYN SERVICES, INC.**



Principal Place of Business <b>1850 GATEWAY DR #500 SAN MATEO CA 94404</b>	Mailing Address <b>1850 GATEWAY DR #500 SAN MATEO CA 94404-2467</b>
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3. Date Incorporated or Qualified <b>06/21/1996</b>	3a. Date of Last Report
4. FEI Number <b>94-3236635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

**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	1850 GATEWAY DR #500
CITY-ST-ZIP	SAN MATEO CA 94404
TITLE	DVST <input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M
STREET ADDRESS	1850 GATEWAY DR #500
CITY-ST-ZIP	SAN MATEO CA 94404
TITLE	D <input type="checkbox"/> DELETE
NAME	JOYNER, DAVID S
STREET ADDRESS	1850 GATEWAY DR #500
CITY-ST-ZIP	SAN MATEO CA 94404
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHLOSSER, MARC
STREET ADDRESS	1850 GATEWAY DR #500
CITY-ST-ZIP	SAN MATEO CA 94404
TITLE	D <input type="checkbox"/> DELETE
NAME	RUBINSTEIN, STUART
STREET ADDRESS	1850 GATEWAY DR #500
CITY-ST-ZIP	SAN MATEO CA 94404
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 2/19/97 (415) 577-5510

CR2E034 (9/96)