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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 # F96000004080 (5)

1. Corporation Name
VIVRA SPECIALTY PARTNERS, INC.



Principal Place of Business: **1850 GATEWAY DR #500 SAN MATEO CA 94404**
Mailing Address: **1850 GATEWAY DR #500 SAN MATEO CA 94404-2467**

3. Date Incorporated or Qualified: **08/09/1996**
3a. Date of Last Report
4. FEI Number: **94-3230119**
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: **21**
2a. Mailing Address: **26**
Suite, Apt #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	1850 GATEWAY DR #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DR #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DR #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	V	<input type="checkbox"/> DELETE
NAME	USILTON, THOMAS O	
STREET ADDRESS	8801 DUNWOODY PL #440	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAZAROVIC, JACOB MD	
STREET ADDRESS	1400 NE MIAMI GARDENS DR #219	
CITY-ST-ZIP	MIAMI BCH FL 33179	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)