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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # F96000004080 (5)

VIVRA SPECIALTY PARTNERS, INC.

Principal Pla	ce of Business	Mailing Address							
1850 GATEWAY DR #500 SAN MATEO CA 94404 1850 SAN MATEO CA 94404-2467									
					3. Date Incorporated or Qualified 08/09/1996	3a. Dai	te of L	ast Report	
2. Principa' Place of Business 2a. Mailing Address			***************************************				Applied For		
26				94-3230119		Not Applicat		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.			6. Certificate of Status Desired			75 Additional se Required	
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Count 30	ry	This corporation has liability for i Florida Statutes		tax un	der s. 199.032,	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered A	gent		
C 1	CORPORATION SYSTEM		8	1 Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				2 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			8	3					
			8	4 City		FL	85	Zip Code	
11. Pursuan office or	t to the provisions of Sections 607 050 registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the abo	ve-named cor by the corpora	poration submits this statement for the p tilon's board of directors. I hereby accep		chang	ing Its registered	
agent 1	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statut	es.	,		.,,,,,,,,		
SIGNATURE	Signature Typing or points of riverse of registered agr	and held a sectional MO	TE Decistored &	oset cionature rea	tiend urbon reinstation	DATE			
12.				isred Agent signature required when reinstaling) 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TitlE	DP	☐ DELETE	1 1 TITLE				Ch		
NAME	THIRY, KENT J		1.2 NAM	E					
STREET ADDRESS			1.3 STRE	ET ADDRESS					
C(1Y - S1 - 7)P	SAN MATEO CA 94404		1.4 CITY	- ST - ZIP					
TITLE	DS	DELETE	2 1 TITLE				Ch	ange Addition	
NAME	ZUMWALT, LEANNE M		2.2 NAM	E					
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23 STRE	et address					
CITY - ST - ZIP	SAN MATEO CA 94404		2.4 CITY	-ST-ZIP					
TITLE	CFO	DELETE	3.1 TITLE				Ch	ange 🔲 Addition	
NAME	ZUMWALT, LEANNE M		3.2 NAM	E					
STREET ADDRESS	1000 0111211111 011 11 111		3.3 \$TRE	ET ADDRESS					
CITY-S1-7/P	SAN MATEO CA 94404	· · · · · · · · · · · · · · · · · · ·	******	'-ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITLE				∐ Ch	ange 🔲 Addition	
NAME	USILTON, THOMAS O		4. 2 NAM	l E					
STREET ADDRESS	***************************************		4.3 STRE	ET ADDRESS					
CITY-S1-ZIP	ATLANTA GA 30350		4.4 CITY				T I Ch	ange [] Addition	
	l M	☐ DELETE	6.1 7(1) 0						

14. To 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

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CHTY-ST-ZIP

LEANNE M. ZUMWALT, Secretary

LAZAROVIC, JACOB MD

MIAMI BCH FL 33179

1400 NE MIAMI GARDENS DR #219

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

2/19/97

Date

(415) 577-5510 Daytime Phone #

Change

Addition

FILED

Mar 10 1997 8:00am

Secretary of State