

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000004080 5,
1. Corporation Name
VIVRA SPECIALTY PARTNERS, INC.

FILED

98 MAY 12 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1850 GATEWAY DRIVE
STE 500
SAN MATEO CA 94404
US

Mailing Address
1850 GATEWAY DRIVE
STE 500
SAN MATEO CA 94404
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				94-3230119	
23. City & State		28. City & State		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	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRY, KENT J.	1.2 NAME	600002529526-6
STREET ADDRESS	1850 GATEWAY DR #500	1.3 STREET ADDRESS	-05/19/98--01081--002
CITY-ST-ZIP	SAN MATEO CA 94404	1.4 CITY-ST-ZIP	***\$550.00 ***\$550.00
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMWALT, LEANNE M	2.2 NAME	
STREET ADDRESS	1850 GATEWAY DR #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94404	2.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMWALT, LEANNE M	3.2 NAME	
STREET ADDRESS	1850 GATEWAY DR #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94404	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USILTON, THOMAS O	4.2 NAME	USILTON, THOMAS O
STREET ADDRESS	8601 DUNWOODY PLC #440	4.3 STREET ADDRESS	6400 POWERS FERRY RD #400
CITY-ST-ZIP	ATLANTA GA 30350	4.4 CITY-ST-ZIP	ATLANTA GA 30339
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROVIC, JACOB MD	5.2 NAME	LAZAROVIC, JACOB MD
STREET ADDRESS	1400 NE MIAMI GARDENS DR #219	5.3 STREET ADDRESS	150 SO PINE ISLAND RD #250
CITY-ST-ZIP	MIAMI BCH FL 33179	5.4 CITY-ST-ZIP	PLANTATION FL 33324
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	TS. 5/14
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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*

4/30/98 (650) 577-5510

C020204 (10/97)