

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000005212

1. Corporation Name

VIVRA ASTHMA & ALLERGY, INC.

Principal Place of Business

150 S. PINE ISLAND ROAD, STE 520  
PLANTATION FL 33324

Mailing Address

150 S. PINE ISLAND ROAD, STE 520  
PLANTATION FL 33324

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90028 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

91-1922951

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MELLO, JOSEPH  
STREET ADDRESS 150 SPINE ISLAND ROAD, STE 520  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE V  
NAME FRIAR, THOMAS A  
STREET ADDRESS 1850 GATEWAY DR., STE 500  
CITY-ST-ZIP SAN MATEO CA

☐ DELETE

TITLE S  
NAME OTT, CHARLES W  
STREET ADDRESS 1850 GATEWAY DR., STE 500  
CITY-ST-ZIP SAN MATEO CA

☒ DELETE

TITLE TD  
NAME ZUMWALT, LEANNE  
STREET ADDRESS 1850 GATEWAY DR., STE 500  
CITY-ST-ZIP SAN MATEO CA

☐ DELETE

TITLE V  
NAME WIGHTON, TIMOTHY  
STREET ADDRESS 1850 GATEWAY DR., STE 500  
CITY-ST-ZIP SAN MATEO CA

☐ DELETE

TITLE V  
NAME FARR, RANDY  
STREET ADDRESS 103 POWELL COURT, STE 120  
CITY-ST-ZIP BRENTWOOD TN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Secretary  
LeAnne Zumwalt  
1850 Gateway Dr., Suite 500  
San Mateo, CA 94404

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Assistant Secretary  
Charles W. Ott  
1850 Gateway Dr  
San Mateo, CA 94404

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99  
Date

650-577-5700  
Daytime Phone #

CR2034 (11/98)