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

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90028 026 ***150.00

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	Mailing Address
150 S. PINE ISLAND ROAD. STE 520 PLANTATION FL 33324	150 S. PINE ISLAND ROAD. STE 520 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/17/1998

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 91-1922951 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MELLO, JOSEPH		1.2 NAME		
STREET ADDRESS	150 SPINE ISLAND ROAD, STE 520		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRIAR, THOMAS A		2.2 NAME		
STREET ADDRESS	1850 GATEWAY DR., STE 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	OTT, CHARLES W		3.2 NAME	LeAnne Zumwalt	
STREET ADDRESS	1850 GATEWAY DR., STE 500		3.3 STREET ADDRESS	1850 Gateway Dr, Suite 500	
CITY-ST-ZIP	SAN MATEO CA		3.4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	TD	☐ DELETE	4.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	ZUMWALT, LEANNE		4.2 NAME	Charles W. Ott	
STREET ADDRESS	1850 GATEWAY DR., STE 500		4.3 STREET ADDRESS	1850 Gateway Dr	
CITY-ST-ZIP	SAN MATEO CA		4.4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIGHTON, TIMOTHY		5.2 NAME		
STREET ADDRESS	1850 GATEWAY DR., STE 500		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FARR, RANDY		6.2 NAME		
STREET ADDRESS	103 POWELL COURT, STE 120		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/15/99 650-577-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)