

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000037795 (6)

1. Corporation Name

VIVRA WOUND SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

5310 MARYLAND WAY, STE. 300
BRENTWOOD TN 32027

Mailing Address

5310 MARYLAND WAY, STE. 300
BRENTWOOD TN 32027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0750153

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 103 Powell Ct

Suite, Apt. #, etc.

22 120

City & State

23 Brentwood TN

Zip

24 37027 25 Country

2a. Mailing Address

26 103 Powell Ct

Suite, Apt. #, etc.

27 120

City & State

28 Brentwood TN

Zip

29 37027 30 Country

9. Name and Address of Current Registered Agent

SMITH, THOMAS B
150 2ND AVE., N., STE. 1100
ST. PETERSBURG FL 33701

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 D [] DELETE

NAME VRACIU, ROBERT A
STREET ADDRESS 5310 MARYLAND WAY, STE. 300
CITY-ST-ZIP BRENTWOOD TN 32027

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

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STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY-ST-ZIP [] Change [] Addition

2.1 TITLE [] Change [] Addition

2.2 NAME [] Change [] Addition

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-ST-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

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.

SIGNATURE: Robert A. Vraciu

7/16/98

6/10/98

CR2E034 (5/98)