

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V72790

FILED
Jan 06, 2003
Secretary of State

Entity Name: VIVRA HEART SERVICES OF BOCA RATON, INC.

Current Principal Place of Business:

533 AIRPORT BLVD., STE. 400
BURLINGAME, CA 94010

New Principal Place of Business:

533 AIRPORT BLVD.
STE. 400
BURLINGAME, CA 94010

Current Mailing Address:

533 AIRPORT BLVD., STE. 400
BURLINGAME, CA 94010

New Mailing Address:

533 AIRPORT BLVD.
STE. 400
BURLINGAME, CA 94010

FEI Number: 65-0363497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, JAMES B
Address: 533 AIRPORT BLVD., STE. 400
City-St-Zip: BURLINGAME, CA 94010

Title: VPS () Delete
Name: LEWIN, HOWARD
Address: 533 AIRPORT BLVD., STE. 400
City-St-Zip: BURLINGAME, CA 94010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: WILLIAMS, JAMES B
Address: 533 AIRPORT BLVD., STE. 400
City-St-Zip: BURLINGAME, CA 94010

Title: S/T (X) Change () Addition
Name: TUMBARELLO, STEVE
Address: 533 AIRPORT BLVD., STE. 400
City-St-Zip: BURLINGAME, CA 94010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE TUMBARELLO

S/T

01/06/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date