## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001010

Entity Name: EMPHASYS MEDICAL, INC.

FILED Jul 01, 2004 Secretary of State

y		O WEBIONE, IIVO.					
Current Principal Place of Business:				New Principal Place of Business:			
2686 MIDDLEFIELD RD., STE. A REDWOOD CITY, CA 94063			700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063				
Current Mailing Address:			New M	New Mailing Address:			
2686 MIDDLEFIELD RD., STE. A REDWOOD CITY, CA 94063			700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063				
FEI Number:	94-3369555	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired	1()	
Name and	Address of C	ırrent Registered Agent:	Name a	and Address o	f New Registered Agent:		
1200 S PINI PLANTATIO The above in the State	of Florida.		ırpose of changi	ng its registered	d office or registered agent, o	or both,	
SIGNATUR		0:					
		c Signature of Registered Ager			Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior n	otice.			
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () PLAIN, HENRY A 604-D FIFTH AV REDWOOD CITY	E.	Title: Name: Address: City-St-Z		(X) Change ( ) Addition RY A JR RSON DRIVE RK, CA 94025		
Title: Name: Address: City-St-Zip:	DP ( ) Delete MCCUTCHEON, JOHN G 2686 MIDDLEFIELD RD., STE. A REDWOOD CITY, CA 94603		Title: Name: Address: City-St-Z	700 CHESA	(X) Change ( ) Addition ON, JOHN G PEAKE DRIVE CITY, CA 94603		
Title: Name: Address: City-St-Zip:	D () I GIFFORD, HANS 604-D FIFTH AV REDWOOD CITY	E.	Title: Name: Address: City-St-Z	199 JEFFEF	(X) Change ( ) Addition HANSON S III RSON DRIVE RK, CA 94025		
Title: Name:	FIELDS, ANTON	Delete	Title: Name:	VP FIELDS, AN	(X) Change()Addition TONY		
Address: City-St-Zip:	REDWOOD CITY	ELD RD., STE A	Address: City-St-Z		PEAKE DRIVE CITY, CA 94603		

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: JOHN MCCUTCHEON DP 07/01/2004