


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001010 1. Entity Name EMPHASYS MEDICAL, INC.	
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Principal Place of Business 700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063	Mailing Address 700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063
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DO NOT WRITE IN THIS SPACE



08122005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3369555	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PLAIN, HENRY A JR 199 JEFFERSON DRIVE MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCUTCHEON, JOHN G 700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, HANSON S III 199 JEFFERSON DRIVE MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELDS, ANTONY 700 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIM, EDWARD 2775 SAND HILL RD. MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/15/05** **(650) 364-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #