

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 033 ***150.00

DOCUMENT # F03060001010

1. Entity Name

EMPHASYS MEDICAL, INC.



Principal Place of Business

700 CHESAPEAKE DRIVE
REDWOOD CITY CA 94063

Mailing Address

700 CHESAPEAKE DRIVE
REDWOOD CITY CA 94063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

94-3369555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME PLAIN, HENRY A JR
STREET ADDRESS 199 JEFFERSON DRIVE
CITY-ST-ZIP MENLO PARK CA 94025

TITLE DP ☐ Delete
NAME MCCUTCHEON, JOHN G
STREET ADDRESS 700 CHESAPEAKE DRIVE
CITY-ST-ZIP REDWOOD CITY CA 94603

TITLE D ☐ Delete
NAME GIFFORD, HANSON S III
STREET ADDRESS 199 JEFFERSON DRIVE
CITY-ST-ZIP MENLO PARK CA 94025

TITLE VP ☐ Delete
NAME FIELDS, ANTONY
STREET ADDRESS 700 CHESAPEAKE DRIVE
CITY-ST-ZIP REDWOOD CITY CA 94603

TITLE S ☐ Delete
NAME KIM, EDWARD
STREET ADDRESS 2775 SAND HILL RD.
CITY-ST-ZIP MENLO PARK CA 94025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Mike Carusi
STREET ADDRESS 90 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

TITLE D ☐ Change ☒ Addition
NAME Josh Baltzell
STREET ADDRESS 90 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

TITLE D ☐ Change ☒ Addition
NAME Jonathan Silverstein
STREET ADDRESS 90 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

TITLE D ☐ Change ☒ Addition
NAME Richard Spalding
STREET ADDRESS 90 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

TITLE V ☐ Change ☒ Addition
NAME Greg Bakan
STREET ADDRESS 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

TITLE V ☐ Change ☒ Addition
NAME Mike Regan
STREET ADDRESS 700 Chesapeake Dr.
CITY-ST-ZIP Redwood City, CA 94063

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Daytime Phone #