

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90003 034 \*\*\*550.00

**DOCUMENT # F03000001010**

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**

40134011



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**94-3369555**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	PLAIN, HENRY A JR	
STREET ADDRESS	199 JEFFERSON DRIVE	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCUTCHEON, JOHN G	
STREET ADDRESS	700 CHESAPEAKE DRIVE	
CITY-ST-ZIP	REDWOOD CITY, CA 94603	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIFFORD, HANSON S III	
STREET ADDRESS	199 JEFFERSON DRIVE	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIELDS, ANTONY	
STREET ADDRESS	700 CHESAPEAKE DRIVE	
CITY-ST-ZIP	REDWOOD CITY, CA 94603	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIM, EDWARD	
STREET ADDRESS	2775 SAND HILL RD.	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	V	<input type="checkbox"/> Delete
NAME	REGAN, MIKE	
STREET ADDRESS	700 CHESAPEAKE DR	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MURRAY	
STREET ADDRESS	700 Chesapeake Dr.	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Bakan	
STREET ADDRESS	700 Chesapeake Dr.	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, EDWARD	
STREET ADDRESS	275 MIDDLEFIELD RD	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #

650.214.0160