


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000007117	
1. Entity Name OPHTHALMIC IMAGING SYSTEMS CO.	

Principal Place of Business 221 LATHROP WAY, STE I SACRAMENTO, CA 95815	Mailing Address 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
---	---

DO NOT WRITE IN THIS SPACE



09072007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3035367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOTOS, CHRIS 2862 S.E. CALVIN STREET PORT LUCIE, FL 94952	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BERMAN, YIGAL 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO ALLON, GIL 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SHENHAR, ARIEL 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SHENHAR, ARIEL 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENOFF, MICHAEL 221 LATHROP WAY, STE I SACRAMENTO, CA 95815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYMES, MERLE 221 LATHROP WAY STE I SACRAMENTO, CA 95815

000000773716
09/11/07-80004-001 150.00

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: 	Ariel Shenhar	9/7/07	(916) 646-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #