

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002133

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: MEDICAL EYE SERVICES, INC.

## Current Principal Place of Business:

345 BAKER STREET  
COSTA MESA, CA 92626

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 25209  
SANTA ANA, CA 92799

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR  
Name: FOLTZ, RONALD MD  
Address: 1000 FOWLER WAY #2  
City-St-Zip: PLACERVILLE, CA 95667

Title: CEO  
Name: SHAPPET, ASPASIA  
Address: 345 BAKER STREET  
City-St-Zip: COSTA MESA, CA 92626

Title: DIR  
Name: LONN, LAWRENCE MD  
Address: 75 WESTSHORE ROAD  
City-St-Zip: BELVEDERE, CA 94920

Title: DIR  
Name: THOMAS, RENNY SR  
Address: 56 SAN FERNANDO  
City-St-Zip: RANCHO MIRAGE, CA 92270

Title: SEC  
Name: URBANIEC, SYLVIA L  
Address: 345 BAKER STREET  
City-St-Zip: COSTA MESA, CA 92626

Title: DIR  
Name: BJORKQUIST, ROBERT  
Address: 155 CHRISTOPHER DRIVE  
City-St-Zip: SAN FRANCISCO, CA 94131

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA L URBANIEC

SEC

04/19/2010

Electronic Signature of Signing Officer or Director

Date