2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F95000002133

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: 95-4354242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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

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 04/26/2012

Electronic Signature of Signing Officer or Director Date