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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000020538

1. Corporation Name
EYE MANAGEMENT, INC.



Principal Place of Business
**1850 GATEWAY DRIVE
 SUITE 500
 SAN MATEO CA 94404**

Mailing Address
**1850 GATEWAY DRIVE
 SUITE 500
 SAN MATEO CA 94404**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
03/01/1997

4. FEI Number
94-3263288 Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**SOKOL, JERRY J ESQ
 201 SOUTH BISCAYNE BOULEVARD
 22ND FLOOR
 MIAMI FL 33131-4336**

10. Name and Address of New Registered Agent
 81 Name **NRAI Services, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable) **526 E. Park Ave.**
 83
 84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* V.P. DATE **3/18/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DAS	<input type="checkbox"/> DELETE
NAME	OTT, CHARLES W	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	P	<input type="checkbox"/> DELETE
NAME	POZEN, RICHARD	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KATTER, ROBERT	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONDSHINE, ROBERT	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Anne Zumwalt 3/22/99 (650) 577-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)