



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 116130		2. Name of Corporation Medical Eye Services, Inc.			
3. Street Address Principal Business Office 345 Baker Street			City Costa Mesa	State CA	Zip 92626
4. Business Phone No. 714-619-4660		5. State of Incorporation California			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island Third Party Administrator of Routine Vision Care Plans					

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name/CEO, CFO Aspasia Shappat			Vice President Name None		
Street Address 345 Baker Street			Street Address		
City Costa Mesa	State CA	Zip 92626	City	State	Zip
Secretary Name/VP of Operations Sylvia L. Urbaniec			Treasurer Name (Asst.) Renny Thomas		
Street Address 345 Baker Street			Street Address 400 S. El Cielo Road, Suite G		
City Costa Mesa	State CA	Zip 92626	City Palm Springs	State CA	Zip 92262

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Ronald Foltz, MD			Director Name Donald Lesser, MD, JD		
Street Address 1000 Fowler Way #2			Street Address 2516 Samaritan Drive		
City Placerville	State CA	Zip 95667	City San Jose	State CA	Zip 95124
Director Name Robert Bjorkquist			Director Name Lawrence Lonn, MD		
Street Address 111 Maiden Lane #530			Street Address 75 Westshore Road		
City San Francisco	State CA	Zip 94108	City Belvedere	State CA	Zip 94920

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	Common	No Par Value	200,016	Common	No Par Value
100,000	Preferred	No Par Value			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 11/30/04
Check No. 27408
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. According to my information, knowledge and belief

Sylvia L. Urbaniec 11/24/04
Signature of Officer Date

Sylvia L. Urbaniec
Print or Type Name of Officer
Secretary/VP of Operations
Title of Officer

CONFIDENTIAL

MEDICAL EYE SERVICES, INC.

2004/2005 Officers and Directors List

OFFICERS

ASPASIA SIHAPPET
President/CEO, CFO, Director
345 Baker Street
Costa Mesa, CA 92626
714/ 619-4660 (Phone)
714/ 619-4662 (Fax)

RONALD FOLTZ, M.D.
Chair, Director
1000 Fowler Way #2
Placerville, CA 95667
530/626-0058 (Phone)
530/626-0092 (Fax)

LAWRENCE LONN, M.D.
Asst Secretary, Director
75 Westshore Road
Belvedere, CA 94920
415/435-4443 (Phone)
415/435-4442 (Fax)

SYLVIA URBANIEC
Secretary, V.P. of Operations
345 Baker Street
Costa Mesa, CA 92626
714/ 619-4660 (Phone)
714/ 619-4662 (Fax)

RENNY THOMAS, SR.
Asst Treasurer, Director
Dentafits, Inc.
400 S. El Cielo Rd., Suite G
Palm Springs, CA 92262
760/318-6288 (Phone)
760/406-4070 (Fax)

DIRECTORS

ROBERT BJORKQUIST
111 Maiden Lane #530
San Francisco, CA 94108
415/362-7771 (Phone)
415/362-5152 (Fax)

DONALD Y. LESSER, M.D., J.D.
2516 Samaritan Drive
San Jose, CA 95124
408/356-8171 (Phone)
408/356-8172 (Fax)

DENNIS METAS
Valley Opticians
302 Sycamore Valley Road
Danville, CA 94526
925/831-1070 (Phone)
925/831-9020 (Fax)

KEITH RENKEN
225 Sharon Road
Arcadia, CA 91006
626/446-1449 (Phone)
626/445-2057 (Fax)

DONALD SCHWARTZ, M.D.
2650 Elm Avenue #108
Long Beach, CA 90806
562/427-5409 (Phone)
562/426-6321 (Fax)

CARTER SHRUM
San Diego Optical
7701 Fay Avenue
La Jolla, CA 92037
858/454-0033 (Phone)
858/454-6883 (Fax)

MICHAEL TIERNAN
Tiernan Opticians
1225 San Carlos Avenue
San Carlos, CA 94070
650/592-1666 (Phone)
• 650/592-1725 (Fax)

PAUL T. URREA, M.D.
850 S. Atlantic Avenue #301
Monterey Park, CA 91754
626/289-7699 (Phone)
626/289-4242 (Fax)

116130

FILED

NOV 30 2004

By DA



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 116130		2. Name of Corporation Medical Eye Services, Inc.			
3. Street Address Principal Business Office 345 BAKER STREET			City COSTA MESA	State CA	Zip 92626-4518
4. Business Phone No. (714) 619-4660		5. State of Incorporation CALIFORNIA			6. SIC Code N/A
7. Brief Description of the Character of Business Conducted in Rhode Island THIRD PARTY ADMINISTRATION OF ROUTINE VISION CARE PLANS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name / CEO, CFO Aspasia Shappet			Vice President Name N/A		
Street Address 345 Baker Street			Street Address		
City Costa Mesa	State CA	Zip 92626	City	State	Zip
Secretary Name / VP of Operations Sylvia Urbaniec			Treasurer Name (Asst.) Renny Thomas, Sr.		
Street Address 345 Baker Street			Street Address 400 S. El Cielo Road, Suite G		
City Costa Mesa	State CA	Zip 92626	City Palm Springs	State CA	Zip 92262
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald Foltz, M.D.			Director Name Donald Lesser, M.D., J.D.		
Street Address 1000 Fowler Way #2			Street Address 2516 Samaritan Drive		
City Placerville	State CA	Zip 95667	City San Jose	State CA	Zip 95124
Director Name Robert Bjorkquist			Director Name Lawrence Lonn, M.D.		
Street Address 111 Maiden Lane #530			Street Address 75 Westshore Road		
City San Francisco	State CA	Zip 94108	City Belvedere	State CA	Zip 94920
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
1,100,000	NO PAR VALUE		Number of Shares	Class/Series	Par Value
			200,016	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 6 1 3 0

116130 FBC 02/20/04 03:45:40 PM

FILED

File Date _____

Check No. **MAR 01 2004**

By: By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. According to my information, knowledge and belief.

[Signature] 2/25/04
Signature of Officer Date
Aspasia Shappet
Print or Type Name of Officer
President/CEO, CFO-
Title of Officer

CONFIDENTIAL

MEDICAL EYE SERVICES, INC.

2004 Officers and Directors List

H 116130

OFFICERS

ASPASIA SHAPPET
President/CEO, CFO, Director
345 Baker Street
Costa Mesa, CA 92626
714/ 619-4660 (Phone)
714/ 619-4662 (Fax)

RONALD FOLTZ, M.D.
Chair, Director
1000 Fowler Way #2
Placerville, CA 95667
530/626-0058 (Phone)
530/626-0092 (Fax)

LAWRENCE LONN, M.D.
Asst Secretary, Director
75 Westshore Road
Belvedere, CA 94920
415/435-4443 (Phone)
415/435-4442 (Fax)

SYLVIA URBANIEC
Secretary, V.P. of Operations
345 Baker Street
Costa Mesa, CA 92626
714/ 619-4660 (Phone)
714/ 619-4662 (Fax)

RENNY THOMAS, SR.
Asst Treasurer, Director
Dentafits, Inc.
400 S. El Cielo Rd., Suite G
Palm Springs, CA 92262
760/318-6288 (Phone)
760/406-4070 (Fax)

DIRECTORS

ROBERT BJORKQUIST
111 Maiden Lane #530
San Francisco, CA 94108
415/362-7771 (Phone)
415/362-5152 (Fax)

DONALD Y. LESSER, M.D., J.D.
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408/356-8172 (Fax)

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225 Sharon Road
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626/445-2057 (Fax)

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562/426-6321 (Fax)

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7701 Fay Avenue
La Jolla, CA 92037
858/454-0033 (Phone)
858/454-6883 (Fax)

MICHAEL TIERNAN
Tiernan Opticians
1225 San Carlos Avenue
San Carlos, CA 94070
650/592-1666 (Phone)
650/592-1725 (Fax)

PAUL T. URREA, M.D.
850 S. Atlantic Avenue #301
Monterey Park, CA 91754
626/289-7699 (Phone)
626/289-4242 (Fax)

MEDICAL EYE SERVICES, INC.
List of Authorized and Issued Shares

CONFIDENTIAL

116130

	CLASS	SERIES	NUMBER OF SHARES	PAR VALUE
AUTHORIZED	Common	none	1,000,000	No par value
	Preferred	none	100,000	No par value
ISSUED	Common	none	200,016	No par value
	Preferred	-	-	-



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *116130*		2. Name of Corporation Medical Eye Services, Inc.			
3. Street Address Principal Business Office 345 BAKER STREET			City COSTA MESA	State CA	Zip 92626
4. Business Phone No. 714/ 619-4662		5. State of Incorporation CALIFORNIA			6. SIC Code N/A
7. Brief Description of the Character of Business Conducted in Rhode Island THIRD PARTY ADMINISTRATION OF ROUTINE VISION CARE PLANS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name /CEO, CFO Aspasia Shappet			Vice President Name		
Street Address 345 Baker Street			Street Address		
City Costa Mesa	State CA	Zip 92626	City	State	Zip
Secretary Name/V.P. of Operations Sylvia Urbaniec			Treasurer Name (Asst) Renny Thomas, Sr.		
Street Address 345 Baker Street			Street Address 400 S. El Cielo Road, Suite G		
City Costa Mesa	State CA	Zip 92626	City Palm Springs	State CA	Zip 92262
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Bjorkquist			Director Name Ronald Foltz, M.D.		
Street Address 111 Maiden Lane, Suite 530			Street Address 1000 Fowler Way, #2		
City San Francisco	State CA	Zip 94108	City Placerville	State CA	Zip 95667
Director Name Bernice Z. Brown, M.D.			Director Name Frederick Grant, M.D.		
Street Address 1910 Deermont Avenue			Street Address 9334 East Adobe Drive		
City Glendale	State CA	Zip 91207	City Scottsdale	State AZ	Zip 85255
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,100,000	NO PAR VALUE		200,016	common	no par value
100,000	Preferred	no par value			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 1 3 0 *

116130 FBC2/7/032:49:21 PM

File Date 2/14/03

Check No. 023341

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct according to my information, knowledge and belief.

Signature of Officer [Signature] Date 2/14/03
 Aspasia Shappet
 Print or Type Name of Officer
 President/CEO, CFO
 Title of Officer

MEDICAL EYE SERVICES

2003 Officers and Directors List

OFFICERS

ASPASIA SHAPPET
President/CEO, CFO
5000 East Spring Street #500
Long Beach, CA 90815
562/496-1878 (Phone)
562/496-4768 (Fax)

RONALD FOLTZ, M.D.
Chair, Director
1000 Fowler Way #2
Placerville, CA 95667
530/626-0058 (Phone)
530/626-0092 (Fax)

LAWRENCE LONN, M.D.
Asst Secretary, Director
45 Castro Street #332
San Francisco, CA 94114
415/621-3000 (Phone)
415/621-1414 (Fax)

SYLVIA URBANIEC
Secretary, V.P. of Operations
5000 E. Spring Street, #500
Long Beach, CA 90815
562/496-1878 (Phone)
562/496-4768 (Fax)

RENNY THOMAS, SR.
Asst Treasurer, Director
Dentafits, Inc.
400 S. El Cielo Rd., Suite G
Palm Springs, CA 92262
760/318-6288 (Phone)
760/406-4070 (Fax)

CARTER SHRUM
Asst Secretary, Director
San Diego Optical
7701 Fay Avenue
La Jolla, CA 92037
858/454-0033 (Phone)
858/454-6883 (Fax)

DIRECTORS

ROBERT BJORKQUIST
111 Maiden Lane #530
San Francisco, CA 94108
415/362-7771 (Phone)
415/362-5152 (Fax)

BERNICE Z. BROWN, M.D.
1910 Deermont Road
Glendale, CA 91207
818/243-3690 (Phone)
818/546-1079 (Fax)

FREDERICK GRANT, M.D.
9334 East Adobe Drive
Scottsdale, AZ 85255
480/342-9447 (Phone)
480/342-9451 (Fax)

DONALD Y. LESSER, M.D., J.D.
Immediate Past Chair
2516 Samaritan Drive
San Jose, CA 95124
408/356-8171 (Phone)
408/356-8172 (Fax)

DENNIS METAS
Valley Opticians
302 Sycamore Valley Road
Danville, CA 94526
925/831-1070 (Phone)
925/831-9020 (Fax)

KEITH RENKEN
Deloitte & Touche, LLP
350 S. Grand Avenue #2000
Los Angeles, CA 90017
213/688-6517 (Phone)
213/688-4797 (Fax)

DONALD SCHWARTZ, M.D.
2650 Elm Avenue #108
Long Beach, CA 90806
562/427-5409 (Phone)
562/426-6321 (Fax)

DENIS THOMPSON, M.D.
1245 Wilshire Boulevard #606
Los Angeles, CA 90017
213/977-1184 (Phone)
213/977-0223 (Fax)

MICHAEL TIERNAN
Tiernan Opticians
1225 San Carlos Avenue
San Carlos, CA 94070
650/592-1666 (Phone)
650/592-1725 (Fax)

PAUL T. URREA, M.D.
850 S. Atlantic Avenue #301
Monterey Park, CA 91754
626/289-7699 (Phone)
626/289-4242 (Fax)

	CLASS	SERIES	NUMBER OF SHARES	PAR VALUE
AUTHORIZED	Common	none	1,000,000	No par value
	Preferred	none	100,000	No par value
ISSUED	Common	none	200,016	No par value
	Preferred	-	-	-



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **116130**
2. Name of Corporation **Medical Eye Services, Inc.**
3. Street Address Principal Business Office
5000 E. Spring Street, Suite 500
4. Business Phone No. **(562) 496-1878**
5. State of Incorporation **CALIFORNIA**

City **Long Beach** State **Ca** Zip **90815**
6. SIC Code **N/A**

7. Brief Description of the Character of Business Conducted in Rhode Island

Third Party Administration of Routine Vision Care Plans

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Robert Bjorkquist
Street Address
111 Maiden Lane #530
City **San Francisco** State **Ca** Zip **94108**

Vice President Name **C.F.O. / C.O.O.**
Aspasia Shappet
Street Address
5000 E. Spring Street, Suite 500
City **Long Beach** State **Ca** Zip **90815**

Secretary Name
Carter Shrum
Street Address
7701 Fay Avenue
City **La Jolla** State **Ca** Zip **92037**

Treasurer Name **Assistant Treasurer**
Renny Thomas
Street Address
255 N. El Cielo Road #140-607
City **Palm Springs** State **Ca** Zip **92262**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Bernice Z. Brown, M.D.
Street Address
1910 Deermont Avenue
City **Glendale** State **Ca** Zip **91207**

Director Name
Ronald Foltz, M.D.
Street Address
1000 Fowler Way #2
City **Placerville** State **Ca** Zip **95667**

Director Name
Frederick Grant, M.D.
Street Address
54130 Riviera
City **La Quinta** State **Ca** Zip **92253**

Director Name
Donald Y. Lesser, M.D., J.D.
Street Address
2516 Samaritan Drive
City **San Jose** State **Ca** Zip **95124**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) X
AUTHORIZED SHARES
Number of Shares **1,100,000 NO PAR VALUE** Class/Series Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares **200,016** Class/Series **common** Par Value **no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 1 3 0 *

File Date: 1-28-02
Check No.: 20736
By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct to the best of my knowledge.
Signature of Officer: [Signature] Date: 1/23/02
Aspasia Shappet
Print or Type Name of Officer
C.F.O. / C.O.O.
Title of Officer

Medical Eye Services, Inc.

AUTHORIZED SHARES

<i>Number of Shares</i>	<i>Class / Series</i>	<i>Par Value</i>
1,000,000	common	no par value
100,000	preferred	no par value

MEDICAL EYE SERVICES

2002 BOARD OF DIRECTORS & OFFICERS

ROBERT BJORKQUIST (92)
President
111 Maiden Lane #530
San Francisco, CA 94108
415/362-7771 (Phone)
415/362-5152 (Fax)

BERNICE Z. BROWN, M.D. (96)
1910 Deermont Avenue
Glendale, CA 91207
818/243-3690 (Phone)
818/546-1079 (Fax)

RONALD FOLTZ, M.D. (96)
Chair
1000 Fowler Way #2
Placerville, CA 95667
530/626-0058 (Phone)
530/626-0092 (Fax)

FREDERICK GRANT, M.D. (96)
54130 Riviera
La Quinta, CA 92253
760/771-0629 (Phone)
805/773-2462 (Fax)

DONALD Y. LESSER, M.D., J.D. (92)
Immediate Past Chair
2516 Samaritan Drive
San Jose, CA 95124
408/356-8171 (Phone)
408/356-8172 (Fax)

LAWRENCE LONN, M.D. (92)
Assistant Secretary
45 Castro Street #332
San Francisco, CA 94114
415/621-3000 (Phone)
415/621-1414 (Fax)

DENNIS METAS (01)
Valley Opticians
302 Sycamore Valley Road
Danville, CA 94526
925/831-1070 (Phone)
925/831-9020 (Fax)

KEITH RENKEN (01)
Deloitte & Touche, LLP
350 S. Grand Avenue #2000
Los Angeles, CA 90017
213/688-6517 (Phone)
213/688-4797 (Fax)

DONALD SCHWARTZ, M.D. (01)
2650 Elm Avenue #108
Long Beach, CA 90806
562/427-5409 (Phone)
562/426-6321 (Fax)

CARTER SHRUM (01)
Secretary
San Diego Optical
7701 Fay Avenue
La Jolla, CA 92037
858/454-0033 (Phone)
858/454-6883 (Fax)

RENNY THOMAS (92)
Assistant Treasurer
Dentafits
255 N. El Cielo Road #140-607
Palm Springs, CA 92262-6974
760/416-9262 (Phone)
760/416-9345 (Fax)

DENIS THOMPSON, M.D. (01)
1245 Wilshire Boulevard #606
Los Angeles, CA 90017
213/977-1184 (Phone)
213/977-0223 (Fax)

MICHAEL TIERNAN (01)
Tiernan Opticians
1225 San Carlos Avenue
San Carlos, CA 94070
650/592-1666 (Phone)
650/592-1725 (Fax)

PAUL T. URREA, M.D. (96)
850 S. Atlantic Avenue #301
Monterey Park, CA 91754
626/289-7699 (Phone)
626/289-4242 (Fax)

ASPASIA SHAPPET
Chief Operating Officer
Chief Financial Officer
Medical Eye Services, Inc.
5000 East Spring Street #500
Long Beach, CA 90815
562/496-1878 (Phone)
562/496-4768 (Fax)

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 116130		2. Name of Corporation Medical Eye Serices, Inc.		
3. Street Address Principal Business Office 5000 E. Spring Street, Suite 500		City Long Beach	State CA	Zip 90815
4. Business Phone No. 562) 496-1878		5. State of Incorporation California		6. SIC Code N/A
7. Brief Description of the Character of Business Conducted in Rhode Island Third Party Administration of Routine Vision Care Plans				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert Bjorkquist			Vice-President Name—Chief Operating Officer/C.F.O. Aspasia Shappet		
Street Address 111 Maiden Lane #530			Street Address 5000 E. Spring Street, Suite 500		
City San Francisco	State CA	Zip 94108	City Long Beach	State CA	Zip 90815
Secretary Name Carter Shrum			Treasurer Name Renny Thomas, Sr.		
Street Address 7701 Fay Avenue			Street Address 255 N. El Cielo Road #140		
City La Jolla	State CA	Zip 92037	City Palm Springs	State CA	Zip 92262

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Bernice Z. Brown, M.D.			Director Name Ronald Foltz, M.D.		
Street Address 1910 Deermont Avenue			Street Address 1000 Fowler Way #2		
City Glendale	State CA	Zip 91207	City Placerville	State CA	Zip 95667
Director Name Frederick Grant, M.D.			Director Name Donald Y. Lesser, M.D., J.D.		
Street Address 54130 Riviera			Street Address 2516 Samaritan Drive		
City La Quinta	State CA	Zip 92253	City San Jose	State CA	Zip 95124

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	common	no par value	200,016	common	no par value
100,000	preferred	no par value	-	-	-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 11/1/01
Check No.: 20235
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer
Date: 10-31-01
Aspasia Shappet
Print or Type Name of Officer
C.F.O./ C.O.O.
Title of Officer

MEDICAL EYE SERVICES

2001 BOARD OF DIRECTORS

ROBERT BJORKQUIST (92)
President
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San Francisco, CA 94108
415/362-7771 (Phone)
415/362-5152 (Fax)

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818/243-3690 (Phone)
818/546-1079 (Fax)

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Placerville, CA 95667
530/626-0058 (Phone)
530/626-0092 (Fax)

FREDERICK GRANT, M.D. (96)
54130 Riviera
La Quinta, CA 92253
760/771-0629 (Phone)
805/773-2462 (Fax)

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