

1.) CORPORATION NAME:

Medical Eye Services, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED
12610 LAKE NORMANDY LN
FAIRFAX, VA 22030**

SCC ID NO: **F1631748**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 345 BAKER ST

CITY/ST/ZIP: COSTA MESA, CA 92626

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ASPASIA SHAPPET TITLE: PRES/CEO ADDRESS: 345 BAKER ST CITY/ST/ZIP/CO: COSTA MESA, CA 92626</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LAWRENCE LONN,MD TITLE: ASST SEC ADDRESS: 75 WESTSHORE RD CITY/ST/ZIP/CO: BELVEDERE, CA 94920</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SYLVIA L. URBANIEC TITLE: SECRETARY ADDRESS: 345 BAKER ST. CITY/ST/ZIP/CO: COSTA MESA, CA 92626</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KEITH RENKEN TITLE: ASST TREAS ADDRESS: 225 SHARON RD CITY/ST/ZIP/CO: ARCADIA, CA 91007</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES KUPFER TITLE: CFO ADDRESS: 345 BAKER ST. CITY/ST/ZIP/CO: COSTA MESA, CA 92626</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DONALD Y LESSER, M.D., J.D. TITLE: VICE CHAIRMAN ADDRESS: 2516 SAMARITAN DRIVE CITY/ST/ZIP/CO: SAN JOSE, CA 95124</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RENNY THOMAS SR TITLE: CHAIR/DIR ADDRESS: 56 SAN FERNANDO CITY/ST/ZIP/CO: RANCHO MIRAGE, CA 92270	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BJORKQUIST TITLE: DIRECTOR ADDRESS: 155 CHRISTOPHER DRIVE CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD FOLTZ, M.D. TITLE: DIRECTOR ADDRESS: 1000 FOWLER WAY #2 CITY/ST/ZIP/CO: PLACERVILLE, CA 95667	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARTER SHRUM TITLE: DIRECTOR ADDRESS: 7701 FAY AVENUE CITY/ST/ZIP/CO: LA JOLLA, CA 92037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS METAS TITLE: DIRECTOR ADDRESS: 302 SYCAMORE VALLEY ROAD CITY/ST/ZIP/CO: DANVILLE, CA 94526	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL TIERNAN TITLE: DIRECTOR ADDRESS: 1225 SAN CARLOS AVENUE CITY/ST/ZIP/CO: SAN CARLOS, CA 94070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL T. URREA, M.D. TITLE: DIRECTOR ADDRESS: 850 S. ATLANTIC AVENUE #301 CITY/ST/ZIP/CO: MONTEREY PARK, CA 91754	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SYLVIA L. URBANIEC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SYLVIA L. URBANIEC, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/13/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		