

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D



03058888

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Table with OMB APPROVAL, SEC USE ONLY, and DATE RECEIVED sections.

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Issuance of Secured Promissory Notes and Warrants for Common Stock

Filing Under (Check box(es) that apply): Rule 504, Rule 505, Rule 506, Section 4(6), ULOE
Type of Filing: New Filing, Amendment No. 2

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

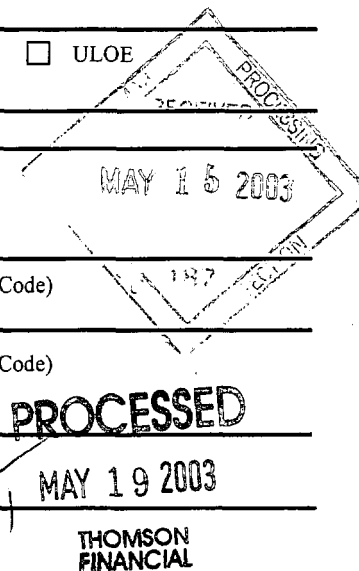
Hayes Medical, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)
1115 Windfield Way, Suite 100, El Dorado Hills, CA 95762-9623

Telephone Number (Including Area Code)
(916) 355-7100

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)

Telephone Number (Including Area Code)



Brief Description of Business

Manufacturing and distribution of orthopaedic implants

Type of Business Organization

- corporation, limited partnership, already formed, business trust, limited partnership, to be formed, other (please specify)

Actual or Estimated Date of Incorporation or Organization: Month 07, Year 92, Actual, Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CA)

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where To File, Copies Required, Information Required, Filing Fee

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Hayes, Daniel E. E., Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

Hayes Medical, Inc. 1115 Windfield Way, Suite 100, El Dorado Hills, CA 95762-9623

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Hyde, Peter

Business or Residence Address (Number and Street, City, State, Zip Code)

779 Elkins Lake, Huntsville, TX 77340

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Soderquist, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

2545 Boatman Avenue, West Sacramento, CA 95691

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Taylor, Jeffrey

Business or Residence Address (Number and Street, City, State, Zip Code)

5502 St. Francis Circle West, Loomis, CA 95650

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Pubols, Steve

Business or Residence Address (Number and Street, City, State, Zip Code)

Hayes Medical, Inc., 1115 Windfield Way, Suite 100, El Dorado Hills, CA 95762-9623

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Zesiger, Albert L.

Business or Residence Address (Number and Street, City, State, Zip Code)

Zesiger Capital Group LLC, 320 Park Avenue, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Preising, Carolyn

Business or Residence Address (Number and Street, City, State, Zip Code)

Hayes Medical, Inc., 1115 Windfield Way, Suite 100, El Dorado Hills, CA 95762-9623

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Eyler, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

Hayes Medical, Inc., 1115 Windfield Way, Suite 100, El Dorado Hills, CA 95762-9623

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Gerry, Peter

Business or Residence Address (Number and Street, City, State, Zip Code)

Sycamore Ventures, 845 Alexander Road, Princeton, NJ 08543

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Zesiger Capital Group LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

320 Park Avenue, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mathys Medical, Ltd.

Business or Residence Address (Number and Street, City, State, Zip Code)

Guterstrasse 5, P.O. Box CH-2544, Bettlach, Switzerland

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Sycamore Management Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)

845 Alexander Road, Princeton, NJ 08543

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

- | | | |
|--|--|---|
| <p>1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.....</p> <p align="center">Answer also in Appendix, Column 2, if filing under ULOE.</p> <p>2. What is the minimum investment that will be accepted from any individual?</p> <p>3. Does the offering permit joint ownership of a single unit?.....</p> <p>4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</p> | <p>Yes
<input type="checkbox"/></p> <p>\$</p> <p>Yes
<input checked="" type="checkbox"/></p> | <p>No
<input checked="" type="checkbox"/></p> <p>N/A</p> <p>No
<input type="checkbox"/></p> |
|--|--|---|

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individuals States)..... All States

- | | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individuals States)..... All States

- | | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individuals States)..... All States

- | | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0's" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ 1,500,000.00	\$ 1,300,000.00
Equity.....	\$.00	\$.00
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ 13,861.12	\$ 1,300.00
Partnership Interests.....	\$.00	\$.00
Other (Specify ___).....	\$.00	\$.00
Total.....	\$ 1,513,861.12	\$ 1,301,300.00

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchase
Accredited investors.....	26	\$ 1,301,300.00
Non-accredited Investors.....	0	\$.00
Total (for filings under Rule 504 only).....	0	\$.00

Answer also in Appendix, Column 3, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
Regulation A	_____	\$ _____
Rule 504	_____	\$ _____
Total.....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input type="checkbox"/>	\$.00
Printing and Engraving Costs.....	<input type="checkbox"/>	\$.00
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 17,000.00
Accounting Fees.....	<input type="checkbox"/>	\$.00
Engineering Fees.....	<input type="checkbox"/>	\$.00
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$.00
Other Expenses (identify)	<input type="checkbox"/>	\$.00
Total.....	<input checked="" type="checkbox"/>	\$ 17,000.00

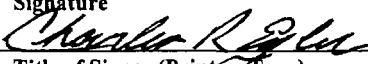
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 1,496,861.12

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Purchase of real estate	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Repayment of indebtedness	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Working capital	<input type="checkbox"/> \$ _____ .00	<input checked="" type="checkbox"/> \$ <u>1,496,861.12</u>
Other (specify): _____	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Column Totals	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
 Total Payments Listed (column totals added)	 <input checked="" type="checkbox"/> \$ <u>1,496,861.12</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Hayes Medical, Inc.	Signature 	Date May 12, 2003
Name of Signer (Print or Type) Charles R. Eyler	Title of Signer (Print or Type) CFO and COO	

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)