

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000394 (3)

1. Corporation Name  
IMPAC MEDICAL SYSTEMS, INC.



Principal Place of Business  
215 CASTRO ST  
MOUNTAIN VIEW CA 94041-1203

Mailing Address  
215 CASTRO ST  
MOUNTAIN VIEW CA 94041-1203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		01/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-3109238	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.  
1525 S ANDREWS AVE #216  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACHINOWSKI, JOSEPH K			1.2 NAME			
STREET ADDRESS	215 CASTRO ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041-1203			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOEY, JAMES J			2.2 NAME			
STREET ADDRESS	215 CASTRO ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041-1203			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AUERBACH, DAVID A			3.2 NAME			
STREET ADDRESS	215 CASTRO ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041-1203			3.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Becker, Robert MD			4.2 NAME			
STREET ADDRESS	215 CASTRO ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MT VIEW CA 94041			4.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Rose, MD, Christopher			5.2 NAME			
STREET ADDRESS	215 CASTRO ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MT VIEW CA 94041			5.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARFINKEL, NEIL			6.2 NAME			
STREET ADDRESS	215 CASTRO STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	MT VIEW CA 94041			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.

SIGNATURE

CR2E034 (10/97)