

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90080 008 ***150.00

CR2E034 (1/98)

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000000394**

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
 21 Suite, Apt. #, etc.
 City & State
 Zip Country

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

3. Date Incorporated or Qualified
01/23/1997

4. FEI Number
94-3109238

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
**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 _____ (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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACHINOWSKI, JOSEPH K	1.2 NAME	GREG AVIS
STREET ADDRESS	215 CASTRO ST	1.3 STREET ADDRESS	215 CASTRO STREET
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041-1203	1.4 CITY-ST-ZIP	MOUNTAIN VIEW, CA 94041-1203
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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ROBERT M.D.	4.2 NAME	
STREET ADDRESS	215 CASTRO STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, CHRISTOPHER M	5.2 NAME	
STREET ADDRESS	215 CASTRO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFDEL, NEIL	6.2 NAME	
STREET ADDRESS	215 CASTRO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ 1-25-99 650-254-4700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #