

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90230 024 \*\*\*150.00

**DOCUMENT # F97000000394**

1. Entity Name

**IMPAC MEDICAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

215 CASTRO ST  
 MOUNTAIN VIEW CA 94041-1203

215 CASTRO ST  
 MOUNTAIN VIEW CA 94041-1203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**94-3109238**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACHINOWSKI, JOSEPH K		NAME	
STREET ADDRESS 215 CASTRO ST		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041-1203		CITY-ST-ZIP	
NAME HOEY, JAMES J		NAME	
STREET ADDRESS 215 CASTRO ST		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041-1203		CITY-ST-ZIP	
NAME AUERBACH, DAVID A		NAME	
STREET ADDRESS 215 CASTRO ST		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041-1203		CITY-ST-ZIP	
NAME BECKER, ROBERT M.D.		NAME	
STREET ADDRESS 215 CASTRO STREET		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041		CITY-ST-ZIP	
NAME ROSE, CHRISTOPHER M		NAME	
STREET ADDRESS 215 CASTRO ST		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041		CITY-ST-ZIP	
NAME AVIS, GREG		NAME	
STREET ADDRESS 215 CASTRO STREET		STREET ADDRESS	
CITY-ST-ZIP MOUNTAIN VIEW CA 94041-1203		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James P Hoey*  
**James P Hoey**

**1-3-00**

Date

**650 234 4700**

Daytime Phone #

CR2E034 (9/99)