

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90289 045 \*\*\*150.00

**DOCUMENT # F97000000394**

1. Entity Name  
**IMPAC MEDICAL SYSTEMS, INC.**

Principal Place of Business <b>100 WEST EVELYN AVE.          MOUNTAIN VIEW CA 94041</b>	Mailing Address <b>100 WEST EVELYN AVE.          MOUNTAIN VIEW CA 94041</b>
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DO NOT WRITE IN THIS SPACE

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 <b>94-3109238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPAMERICA, INC.  
 1525 S ANDREWS AVE #216  
 FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
	<i>416 S.E. 15 Street</i>	<i>Ft Lauderdale</i>	<i>FL</i>	<i>33316</i>

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 \_\_\_\_\_ (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, 2001 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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>JACHINOWSKI, JOSEPH K</b>
STREET ADDRESS	<b>215 CASTRO ST</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041-1203</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HOEY, JAMES J</b>
STREET ADDRESS	<b>215 CASTRO ST</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041-1203</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>AUERBACH, DAVID A</b>
STREET ADDRESS	<b>215 CASTRO ST</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041-1203</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BECKER, ROBERT M.D.</b>
STREET ADDRESS	<b>215 CASTRO STREET</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSE, CHRISTOPHER M</b>
STREET ADDRESS	<b>215 CASTRO ST</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AVIS, GREG</b>
STREET ADDRESS	<b>215 CASTRO STREET</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94041-1203</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 West Evelyn Ave.</b>
STREET ADDRESS	<b>100 West Evelyn Ave.</b>
CITY-ST-ZIP	<b>100 West Evelyn Ave.</b>
TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 West Evelyn Ave.</b>
STREET ADDRESS	<b>100 West Evelyn Ave.</b>
CITY-ST-ZIP	<b>100 West Evelyn Ave.</b>
TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 West Evelyn Ave.</b>
STREET ADDRESS	<b>100 West Evelyn Ave.</b>
CITY-ST-ZIP	<b>100 West Evelyn Ave.</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 West Evelyn Ave.</b>
STREET ADDRESS	<b>100 West Evelyn Ave.</b>
CITY-ST-ZIP	<b>100 West Evelyn Ave.</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 West Evelyn Ave.</b>
STREET ADDRESS	<b>100 West Evelyn Ave.</b>
CITY-ST-ZIP	<b>100 West Evelyn Ave.</b>

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: *Joseph K Jachinowski* Date: *1/26/01* Daytime Phone #: *650-6238800*

CR2E034 (10/00)