

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 025 ***150.00

DOCUMENT # F04000001241	
1. Entity Name IMPAC MEDICAL SYSTEMS, INC.	



Principal Place of Business 100 WEST EVELYN AVE. MOUNTAIN VIEW, CA 94041	Mailing Address 100 WEST EVELYN AVE. MOUNTAIN VIEW, CA 94041
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2. Principal Place of Business - No P.O. Box # 100 Mathilda Place Suite, Apt. #, etc. 5th Floor City & State Sunnyvale, CA Zip 94086 Country USA	3. Mailing Address 100 Mathilda Place Suite, Apt. #, etc. 5th Floor City & State Sunnyvale, CA Zip 94086 Country USA
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40103187



04202007 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HOEY, JAMES P 100 WEST EVELYN AVE MOUNTAIN VIEW, CA 94041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Mathilda Place, 5th Floor Sunnyvale, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIETZE, CONNIE F 100 WEST EVELYN AVE. MOUNTAIN VIEW, CA 94041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Mathilda Place, 5th Floor Sunnyvale, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STURM, MANFRED 100 WEST EVELYN AVE. MOUNTAIN VIEW, CA 94041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Mathilda Place, 5th Floor Sunnyvale, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LESKELL, LAURENT C/O ELEKTA KUNGSTENSGATAN 18 STOCKHOLM, SWEDEN, SE-10 93 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C Tomas Puysepp % Elekta Kungstengsgatan 18 Stockholm, Sweden SE-1093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLANS, SVERKER C/O ELEKTA KUNGSTENSGATAN 18 STOCKHOLM, SWEDEN, SE-10 93 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENGSTROM, HAKAN C/O ELEKTA KUNGSTENSGATAN 18 STOCKHOLM, SWEDEN, SE-10 93 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney, or otherwise like empowered.

SIGNATURE: _____ 4/25/07 408 830 8187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IMPAC Medical Systems, Inc.
100 Mathilda Place, 5th Floor
Sunnyvale, CA 94086

ATTACHMENT
40103187

Document #F04000001241
FEIN: 94-3109238

Directors Continued:

TITLE	D
NAME	Stieber, Volker
STREET ADDRESS	Elekta Limited
CITY-ST-ZIP	Linac House, Fleming Way, Crawley, West Sussex RH10 9RR, UK