

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		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
26		31		<input type="checkbox"/> Yes <input type="checkbox"/> 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	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	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	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	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	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	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)