


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000394
1. Entity Name
IMPAC MEDICAL SYSTEMS, INC.



Principal Place of Business Mailing Address
100 WEST EVELYN AVE. 100 WEST EVELYN AVE.
MOUNTAIN VIEW, CA 94041 MOUNTAIN VIEW, CA 94041

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent
CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000043489
02/10/04-80068-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACHINOWSKI, JOSEPH K 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 940411203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOEY, JAMES J 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 940411203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD AUERBACH, DAVID A 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 940411203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECKER, ROBERT M.D. 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 94041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, CHRISTOPHER M 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 94041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVIS, GREG 100 WEST EVELYN AVENUE MOUNTAIN VIEW, CA 940411203

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and empowered.

SIGNATURE:  David Auerbach 1.30.04 650-623-8800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #