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FILED
Mar 26 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 # F97000000660 (7)

1. Corporation Name

ADAC MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

540 ADLER DR
MILPITAS CA 95035

Mailing Address

540 ADLER DR
MILPITAS CA 95035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

77-0416057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 540 ALDER DR

Suite, Apt. #, etc.

22

City & State

23 MILPITAS, CA

Zip

24 95035

Country

25

2a. Mailing Address

26 540 ALDER DR

Suite, Apt. #, etc.

27

City & State

28 MILPITAS, CA

Zip

29 95035

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC
LOWE, DAVID L
STREET ADDRESS 540 ADLER DR
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☒ DELETE

NAME CEO
LOWE, DAVID L
STREET ADDRESS 540 ADLER DR
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☐ DELETE

NAME D
MILLER, ROBERT R
STREET ADDRESS 540 ADLER DR
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☐ DELETE

NAME P
ECKERT, ROBERT A
STREET ADDRESS 540 ADLER DR
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☐ DELETE

NAME VS
SIMONE, PHILLIP A
STREET ADDRESS 540 ADLER DR
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 540 ALDER DR
1.4 CITY-ST-ZIP MILPITAS, CA 95035

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CEO/P
2.3 STREET ADDRESS R. ANDREW ECKERT
2.4 CITY-ST-ZIP 540 ALDER DR
MILPITAS, CALIFORNIA 95035

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 540 ALDER DR
3.4 CITY-ST-ZIP MILPITAS, CA 95035

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 540 ALDER DR
4.4 CITY-ST-ZIP MILPITAS, CA 95035

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME V
5.3 STREET ADDRESS PHILLIP ANDRE SIMONE
5.4 CITY-ST-ZIP 540 ALDER DR
MILPITAS, CA 95035

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VS
6.3 STREET ADDRESS KAREN L. MASTERSON
6.4 CITY-ST-ZIP 540 ALDER DR
MILPITAS, CA 95035

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:

P. ANDRE SIMONE

3/5/98 (408) 321-9100

CR2E034 (10/97)