

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90182 004 ***150.00

DOCUMENT # F97000000660

1. Corporation Name

ADAC MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

540 ALDER DR
MILPITAS CA 95035
US

Mailing Address

540 ALDER DR
MILPITAS CA 95035
US



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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

☐ DELETE

TITLE CEO
NAME R ANDREW ECKERT
STREET ADDRESS 540 ALDER DR
CITY-ST-ZIP MILPITAS CA 95035

☐ DELETE

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

☒ DELETE

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

☒ DELETE

TITLE V
NAME SIMONE, PHILLIP A
STREET ADDRESS 540 ALDER DR
CITY-ST-ZIP MILPITAS CA 95035

☐ DELETE

TITLE VS
NAME KAREN L MASTERTSON
STREET ADDRESS 540 ALDER DR
CITY-ST-ZIP MILPITAS CA 95035

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CEO/P/D
ANDREW R. ECKERT
540 ALDER DR
MILPITAS, CA 95035

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

AS
ROBERT A. STARR
540 ALDER DR
MILPITAS, CA 95035

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V/D
SIMONE, PHILLIP A
540 ALDER DR
MILPITAS, CA 95035

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V/S/D
KAREN L. MASTERTSON
540 ALDER DR
MILPITAS, CA 95035

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

(408) 321-9100

CR2E034 (11/98)