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95 APR 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42283 (4)

1. Corporation Name

HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

Principal Place of Business

~~225 AVENUE D, N.W.
WINTER HAVEN FL 33882~~

Mailing Address

~~225 AVENUE D, N.W.
WINTER HAVEN FL 33882~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **P.O. BOX 7361**

Suite, Apt. #, etc.

22

City & State

23 **TALLAHASSEE FL**

Zip

24 **32314-7361**

Country

25 **USA**

2a. Mailing Address

26 **P.O. BOX 7361**

Suite, Apt. #, etc.

27

City & State

28 **TALLAHASSEE FL**

Zip

29 **32314-7361**

Country

30 **USA**

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2348201

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**RAWLINGS, FRED P.
102 BARSON DR.
BARSON PARK FL 33827**

10. Name and Address of New Registered Agent

81 Name **CHARLES R. NESS**
82 Street Address (P.O. Box Number is Not Acceptable) **201 CHURCHILL DRIVE**
83
84 City **LONGWOOD FL** 85 Zip Code **32779**

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

Charles R. Ness

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Feb 8, 1995

12. OFFICERS AND DIRECTORS

1.1 TITLE **D**
1.2 NAME **RAWLS, RHONDA**
1.3 STREET ADDRESS **6969 N.W. 115TH AVENUE**
1.4 CITY - ST - ZIP **OCALA FL**

2.1 TITLE **D**
2.2 NAME **HINTENLANG, DAVID**
2.3 STREET ADDRESS **202 NUCLEAR SCIENCE CNTR**
2.4 CITY - ST - ZIP **GAINESVILLE FL**

3.1 TITLE **D**
3.2 NAME **NICKEL, ROD**
3.3 STREET ADDRESS **EG&G FLORIDA INC. BOC-022**
3.4 CITY - ST - ZIP **KENNEDY SPACE CTR. FL**

4.1 TITLE **T**
4.2 NAME **RAWLINGS, FRED P.**
4.3 STREET ADDRESS **102 BARSON DR.**
4.4 CITY - ST - ZIP **BARSON PARK FL**

5.1 TITLE **DIRECTOR (D)**
5.2 NAME **WALTER COFER**
5.3 STREET ADDRESS **3232 BLACK GOLD TRAIL**
5.4 CITY - ST - ZIP **TALLAHASSEE FL 32308**

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

Director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **HARLAN KEATON**
1.3 STREET ADDRESS **7500 SILVER STAR RD BLDG #1E**
1.4 CITY - ST - ZIP **ORLANDO FL 32618**

2.1 TITLE **PRESIDENT-ELECT** Change Addition
2.2 NAME **MICHAEL GILLEY/Office of Radiation Control**
2.3 STREET ADDRESS **1317 WINEWOOD BLVD.**
2.4 CITY - ST - ZIP **TALLAHASSEE FL 32399-0700**

3.1 TITLE **SECRETARY** Change Addition
3.2 NAME **DEBBIE BRAY/Office of Radiation Control**
3.3 STREET ADDRESS **1317 WINEWOOD BLVD**
3.4 CITY - ST - ZIP **TALLAHASSEE FL 32399-0700**

4.1 TITLE **TREASURER** Change Addition
4.2 NAME **CHARLES R NESS**
4.3 STREET ADDRESS **201 CHURCHILL DRIVE**
4.4 CITY - ST - ZIP **LONGWOOD FL 32779**

5.1 TITLE **EXECUTIVE COUNCIL MEMBER** Change Addition
5.2 NAME **PAUL SHULER/Florida State University**
5.3 STREET ADDRESS **6304 COUNT FLEET TRAIL**
5.4 CITY - ST - ZIP **TALLAHASSEE FL 32308**

6.1 TITLE **EXECUTIVE COUNCIL MEMBER** Change Addition
6.2 NAME **CAROLANN INBORNONE**
6.3 STREET ADDRESS **686 ROARING DRIVE, #339**
6.4 CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

Director (D)

Director (D)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles R. Ness

Signature and typed or printed name of signing officer or director

Charles R. Ness

Feb 8, 1995 (907)297-2095

Date

Signature