

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42283** (4)

1. Corporation Name

**HEALTH PHYSICS SOCIETY OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 7361  
TALLAHASSEE FL 32314-7361

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TALLAHASSEE FL 32314-7361

3. Date incorporated or Qualified  
**02/28/1991**

3a. Date of Last Report  
**04/26/1995**

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number  
**59-2348201**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NESS, CHARLES R  
201 CHURCHILL DRIVE  
LONGWOOD FL 32779**

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 617.0502 and 617.1508, 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 617.0503, 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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COFER, WALTER</b>
STREET ADDRESS	<b>3032 BLACK GOLD TRAIL</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>ECD</b> <input type="checkbox"/> DELETE
NAME	<b>SHULER, PAUL</b>
STREET ADDRESS	<b>6304 COUNT FLEET TRAIL</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>ECD</b> <input type="checkbox"/> DELETE
NAME	<b>INBORNONE, CAROLANN</b>
STREET ADDRESS	<b>686 ROARING DRIVE #339</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KEATON, HARLAN</b>
STREET ADDRESS	<b>7500 SILVER STAR RD BLDG #18</b>
CITY - ST - ZIP	<b>ORLANDO FL 32818</b>
TITLE	<b>PE</b> <input type="checkbox"/> DELETE
NAME	<b>GILLEY, MICHAEL</b>
STREET ADDRESS	<b>1317 WINEWOOD BLVD</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32399-0700</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BRAY, DEBBIE</b>
STREET ADDRESS	<b>1317 WINEWOOD BLVD</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32399-0700</b>

11 TITLE	<b>T Charles R. Ness</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>201 Churchill Dr</b>
13 STREET ADDRESS	<b>Longwood, FL 32779</b>
14 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Steve Garry</b>
33 STREET ADDRESS	<b>15760 N. Power Line Rd.</b>
34 CITY - ST - ZIP	<b>Crystal River, FL 34428-9049</b>
41 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 Treasurer* 1-30-96 (407) 297-2095  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 SC 326-2095

CR2E037 (12/95)