

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 P.O. BOX 7361 TALLAHASSEE FL 32314-7361 | Mailing Address P.O. BOX 7361 TALLAHASSEE FL 32314-7361 |
|---|---|

| | | | |
|--------------------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/28/1991 | 3a. Date of Last Report 02/02/1996 |
| 21 | 26 | 4. FEI Number 59-2348201 | Applied For Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | 29 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NESS, CHARLES R | 1.2 NAME | |
| STREET ADDRESS | 201 CHURCHILL DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHULER, PAUL | 2.2 NAME | |
| STREET ADDRESS | 6304 COUNT FLEET TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INBORNONE, CAROLANN | 3.2 NAME | MR WALTER COFER |
| STREET ADDRESS | 686 ROARING DRIVE #339 | 3.3 STREET ADDRESS | 1317 WINEWOOD BLVD |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 3.4 CITY-ST-ZIP | TALLAHASSEE FL 32399-0700 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRY, STEVE | 4.2 NAME | VERN MANGOLD |
| STREET ADDRESS | 15760 NORTH POWER LINE ROAD | 4.3 STREET ADDRESS | 8121 FOREST CITY RD |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 4.4 CITY-ST-ZIP | ORLANDO FL 32810 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILLEY, MICHAEL | 5.2 NAME | STEVE GARRY |
| STREET ADDRESS | 1317 WINEWOOD BLVD | 5.3 STREET ADDRESS | 8202 W. VENABLE ST |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | CRYSTAL RIVER FL 34429-9043 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAY, DEBBIE | 6.2 NAME | DEBBIE GILLEY |
| STREET ADDRESS | 1317 WINEWOOD BLVD | 6.3 STREET ADDRESS | 1317 WINEWOOD BLVD |
| CITY-ST-ZIP | TALLAHASSEE FL 32399-0700 | 6.4 CITY-ST-ZIP | TALLAHASSEE FL 32399-0700 |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (407) 297-2095

CR2E037 (9/96)