


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/28/1991

4. FEI Number
59-2348201

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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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. Is this nonprofit corporation a homeowners association?
 Yes No

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

9. Name and Address of Current Registered Agent

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

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 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	
TITLE	<input type="checkbox"/> DELETE
NAME	NESS, CHARLES R
STREET ADDRESS	201 CHURCHILL DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SHULER, PAUL
STREET ADDRESS	6304 COUNT FLEET TRAIL
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D COFER, WALTER
STREET ADDRESS	1317 WINEWOOD BLVD
CITY-ST-ZIP	TALLAHASSEE FL 00
TITLE	<input type="checkbox"/> DELETE
NAME	PE MANGOLD, VERN
STREET ADDRESS	8121 FOREST CITY RD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P GARRY, STEVE
STREET ADDRESS	8202 W VENABLE ST
CITY-ST-ZIP	CRYSTAL RIVER FL 43
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S GILLEY, DEBBIE
STREET ADDRESS	1317 WINEWOOD BLVD
CITY-ST-ZIP	TALLAHASSEE FL 00

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Nelson, Kevin
3.3 STREET ADDRESS	RSO Mayo Clinic
3.4 CITY-ST-ZIP	4500 San Dablo Rd, Jacksonville FL 32224
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P Mangold, Vern
4.3 STREET ADDRESS	8121 Forest City Rd
4.4 CITY-ST-ZIP	Orlando FL 32810
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PE Gilley, Debbie
5.3 STREET ADDRESS	1317 Winewood Blvd
5.4 CITY-ST-ZIP	Tallahassee FL 32399-0700
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S Rawls, Rhonda
6.3 STREET ADDRESS	6969 NW 115th Ave
6.4 CITY-ST-ZIP	P.O. Box 1308 Ocala, FL 34478 34482 Ocala

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 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* 2/16/98 SC 326-2095

CR2E037 (10/97)