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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42283

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/28/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2348201
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
				85	Zip Code
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, CHARLES R	1.2 NAME	Eakins, Jearold C.
STREET ADDRESS	201 CHURCHILL DRIVE	1.3 STREET ADDRESS	2525 Votaw Road
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULER, PAUL	2.2 NAME	Snyder, George
STREET ADDRESS	6304 COUNT FLEET TRAIL	2.3 STREET ADDRESS	UF, 212 Nuclear Sciences Center
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32611
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, KEVIN	3.2 NAME	Rivenbark, Melodie
STREET ADDRESS	RSO MAYO CLINIC, 4500 SAN DABLO RD	3.3 STREET ADDRESS	USF, Suite 155, 3702 Spectrum Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	Tampa, FL 33612-9421
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGOLD, VERN	4.2 NAME	Gilley, Debbie
STREET ADDRESS	8121 FOREST CITY RD	4.3 STREET ADDRESS	1317 Winewood Blvd.
CITY-ST-ZIP	ORLANDO FL 32810	4.4 CITY-ST-ZIP	Tallahassee, FL 32399-0700
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEY, DEBBIE	5.2 NAME	Nelson, Kevin
STREET ADDRESS	1317 WINEWOOD BLVD	5.3 STREET ADDRESS	RSO Mayo Clinic, 4500 San Pablo Road
CITY-ST-ZIP	TALLAHASSEE FL 32399	5.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLS, RHONDA	6.2 NAME	
STREET ADDRESS	6909 NW 115TH AVE --	6.3 STREET ADDRESS	P.O. Box 1388
CITY-ST-ZIP	OCALA FL 34482 --	6.4 CITY-ST-ZIP	Ocala, FL 34478-1388

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, with all other like empowered.

SIGNATURE: *Jearold C. Eakins* REJEAROLD C. EAKINS 1/14/99 407 297 2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)