

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42283

1. Entity Name

HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90115 005 ****61.25

Principal Place of Business P.O. BOX 7361 TALLAHASSEE FL 32314-7361	Mailing Address P.O. BOX 7361 TALLAHASSEE FL 32314-7361
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2348201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NESS, CHARLES R
 201 CHURCHILL DRIVE
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Charles R. Ness Charles R. Ness Feb. 16, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
T EAKINS, JEAROLD C 2525 VOTAW RD APOPKA FL 32703	<input type="checkbox"/> Delete
D SNYDER, GEORGE UF 212 NUCLEAR SCIENCES CENTER GAINSVILLE FL 32611	<input type="checkbox"/> Delete
D RIVENBARK, MELODIE USF STE 155, 3702 SPECTRUM TAMPA FL 33612-9421	<input checked="" type="checkbox"/> Delete
P GILLEY, DEBBIE 1317 WINEWOOD BLVD TALLAHASSEE FL 32399-0700	<input checked="" type="checkbox"/> Delete
PE NELSON, KEVIN RSO MAYO CLINIC, 4500 SAN PABLO JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
S RAWLS, RHONDA PO BOX 1388 OCALA FL 34478-1388	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Heath, Kay Bureau of Radiation Control P O Box 680069 Orlando, FL 32868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PE Hintenlang, Kathleen University of Florida - P O Box 100252 JHMHG - Gainesville, FL 32610 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
\$ Horowitz, Wayne Bureau of Radiaiton Control P O Box 210 Jacksonville, FL 32231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Charles R. Ness 2/16/00 (407) 297-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E037 (9/99)