

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90003 038 \*\*\*\*61.25

**DOCUMENT # N42283**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2348201**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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*

*2/12/01*

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                                                     |                                            |
|----------------|-----------------------------------------------------|--------------------------------------------|
| TITLE NAME     | <b>T</b><br><b>EAKINS, JEAROLD C</b>                | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>2525 VOTAW RD</b>                                |                                            |
| CITY-ST-ZIP    | <b>APOPKA FL 32703</b>                              |                                            |
| TITLE NAME     | <b>D</b><br><b>SNYDER, GEORGE</b>                   | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>UF 212 NUCLEAR SCIENCES CENTER</b>               |                                            |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32611</b>                         |                                            |
| TITLE NAME     | <b>D</b><br><b>HEATH, KAY</b>                       | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>RAD CTRL, P O BOX 680069</b>                     |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32868</b>                             |                                            |
| TITLE NAME     | <b>PE</b><br><b>HINTENLONG, KATHLEEN</b>            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>U OF F, P O BOX 100252</b>                       |                                            |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32610</b>                         |                                            |
| TITLE NAME     | <b>PE</b><br><b>NELSON, KEVIN</b>                   | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>RSO MAYO CLINIC, 4500 SAN PABLO</b>              |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32224</b>                        |                                            |
| TITLE NAME     | <b>S</b><br><b>HOROWITZ, WAYNE</b>                  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>RAD CTRL, P O B OX 210</b>                       |                                            |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32231, Jacksonville, FL 32231</b> |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                         |                                                                              |
|----------------|-----------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME     | <b>T</b><br><b>Charles Ness</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>201 Churchill Drive</b>              |                                                                              |
| CITY-ST-ZIP    | <b>Longwood, FL 32779</b>               |                                                                              |
| TITLE NAME     | <b>P</b><br><b>Hintenlang, Kathleen</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>U of Fl; P.O. Box 118340</b>         |                                                                              |
| CITY-ST-ZIP    | <b>Gainesville, FL 32611-8340</b>       |                                                                              |
| TITLE NAME     | <b>PE</b><br><b>Rodney Nickell</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>1724 Harbor Drive</b>                |                                                                              |
| CITY-ST-ZIP    | <b>Merritt Island, FL 32952</b>         |                                                                              |
| TITLE NAME     | <b>D</b><br><b>Wesley Bolch</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>U of Fl; P.O. Box 11830</b>          |                                                                              |
| CITY-ST-ZIP    | <b>Gainesville, FL 32611</b>            |                                                                              |
| TITLE NAME     | <b>D</b><br><b>Wesley Nall</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>350 Renssalaer Ave</b>               |                                                                              |
| CITY-ST-ZIP    | <b>Auburndale, FL 33823-9209</b>        |                                                                              |
| TITLE NAME     |                                         | <input 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:** *Charles R. Ness*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 12, 2001*  
*407/862-9758*

CR2E037 (10/00)