

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0006506

**DOCUMENT # N42283**

1. Entity Name

**HEALTH PHYSICS SOCIETY OF FLORIDA, INC.**

04-07-2002 90051 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 7361  
 TALLAHASSEE FL 32314-7361

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

4. FEI Number

**59-2348201**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NESS, CHARLES</b>	
STREET ADDRESS	<b>201 CHURCHILL DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, GEORGE</b>	
STREET ADDRESS	<b>UF 212 NUCLEAR SCIENCES CENTER</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32611</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>NICKELL, RODNEY</b>	
STREET ADDRESS	<b>1724 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLCH, WESLEY</b>	
STREET ADDRESS	<b>U OF FLORIDA PO BOX 11830</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NALL, WESLEY</b>	
STREET ADDRESS	<b>350 RENSSALAER AVENUE</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823-9209</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOROWITZ, WAYNE</b>	
STREET ADDRESS	<b>RAD CTRL, P O B OX 210</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32231</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Snyder, George</b>	
STREET ADDRESS	<b>UF 212 Nuclear Sciences Center</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32611</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nickell, Rodney</b>	
STREET ADDRESS	<b>1724 Harbor Drive</b>	
CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott, Randy</b>	
STREET ADDRESS	<b>470 Roosevelt Avenue</b>	
CITY-ST-ZIP	<b>Satellite Beach, FL 32937</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

**Charles R. Ness**  
 3-25-02

(407)  
 862-9788

CR2E037 (9/01)