


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 017 ****61.25

DOCUMENT # N42283					
1. Entity Name HEALTH PHYSICS SOCIETY OF FLORIDA, INC.					
Principal Place of Business P.O. BOX 358534 GAINESVILLE, FL 32635-8534			Mailing Address P.O. BOX 358534 GAINESVILLE, FL 32635-8534		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2348201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SNYDER, GEORGE 5316 NW 46 TERR GAINESVILLE, FL 32-653.			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINTENLANG, KATHLEEN		NAME	RANDY PENN	
STREET ADDRESS	9401 SW HIGHWAY 200 BLDG 800		STREET ADDRESS	1955 WEST MAIN ST	
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GEORGE		NAME		
STREET ADDRESS	5316 NW 46 TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTNER, KIMBERLY		NAME		
STREET ADDRESS	14008 ST. LEO CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32815		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLCH, WESLEY		NAME	WESLEY BOLCH	
STREET ADDRESS	U OF FLORIDA PO BOX 11830		STREET ADDRESS	9501 SW 56 PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32611		CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NALL, WESLEY		NAME	TERI RUTHERFORD	
STREET ADDRESS	350 RENSSALAER AVENUE		STREET ADDRESS	384 WESTPORT DRIVE	
CITY-ST-ZIP	AUBURNDALE, FL 338239209		CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, RANDY		NAME	ADAM WEAVER	
STREET ADDRESS	571 HIDDEN HOLLOW DR		STREET ADDRESS	12901 BRUCE B. DOWNS BLVD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	TAMPA, FL 33612	
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: <i>George I. Snyder</i>		GEORGE I. SNYDER		2-3-04 (352)392-1589	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	