


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90044 023 \*\*\*\*61.25

<b>DOCUMENT # N42283</b>					
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		
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			7. Name and Address of New Registered Agent		
-SNYDER, GEORGE 5316 NW 46 TERR GAINESVILLE, FL 32653			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. 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 \$81.25 Due by May 1, 2005		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, RANDY		NAME		
STREET ADDRESS	1855 W MAIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLCH, WESLEY		NAME	NALL, J. WESLEY	
STREET ADDRESS	U OF FLORIDA PO BOX 11830		STREET ADDRESS	275 AVENUE D, NW	
CITY-ST-ZIP	GAINESVILLE, FL 32611		CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, TERI		NAME		
STREET ADDRESS	884 WESTPORT DR.		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, ADAM		NAME	WEAVER, ADAM	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD.		STREET ADDRESS	12901 BRUCE B. DOWNS BLVD	
CITY-ST-ZIP	TAMPA, FL 33612		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		Date: 1-19-05		Daytime Phone #: 352-392-1589	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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