2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42283

1. Entity Name



FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90044 023 ****61.25

P.O. BOX 338534 CAINESVILLE, FL 32635-8534 Z. Principal Place of Dusiness Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of Current Registered Agent Name ShyDER, GEORGE S16 NW 46 TERR GAINESVILLE, FL 32-653. 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signant-typed operated name of impained agent and tits if applicable. PENN, RANDY Trust Fund Contribution. State of Fiorida. I am familiar with, and accept makes by the purpose of the part of the purpose of the part of the purpose of incompany in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or bo	HEALIHI	PHYSICS SOCIETY OF FLORIE	A, INC.		30						
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name ShyDER, GEORGE 5316 NW 46 TERR GAINESVILLE, FL 32-653. 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. 8. When the obligations of registered agent agent are 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. 8. When the obligations of registered agent agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. When the obligations of registered agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Addition on the state of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Addition on the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Addition on the state of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Addition on the state of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Addition on the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation o	City & State		City & State				1	_ —			
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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 path; that I am an officer or director.	12. I hereby o	certify that the information supplied with this file	ing does not qualify for the	e exemption sta	ted in Se	ction 119.07(3)(i), Fi	orida Statutes. I further cer	tify that the it	nformation		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oam; 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.

SAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: GEORGE I. SNYDER	1-19-05	352-392-1589