


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90009 044 ****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		
Zip		Country	Zip		Country
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PENN, RANDY		NAME	JASON TIMM	
STREET ADDRESS	1855 W MAIN ST.		STREET ADDRESS	3936 LAKE CREST TERRACE	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	MIDDLEBURG FL 32068	
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	PE	<input checked="" 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	NALL, WESLEY J		NAME		
STREET ADDRESS	225 AVENUE D NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, ADAM		NAME	PAUL BURRESS	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD.		STREET ADDRESS	945 WEST JEFFERSON ST.	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TALLAHASSEE, FL 32306	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>George I. Snyder</u>		GEORGE I. SNYDER		1-5-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 352 392-1589	

