

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42283

FILED
Feb 02, 2009
Secretary of State

Entity Name: HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 358534
GAINESVILLE, FL 326358534

New Principal Place of Business:

5316 NW 46 TERRACE
GAINESVILLE, FL 32653

Current Mailing Address:

P.O. BOX 358534
GAINESVILLE, FL 326358534

New Mailing Address:

FEI Number: 59-2348201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, GEORGE
5316 NW 46 TERR
GAINESVILLE, FL 32653. US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TIMM, JASON
Address: 3936 LAKE CREST TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: SNYDER, GEORGE
Address: 5316 NW 46 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: PE () Delete
Name: BURRESS, PAUL
Address: 945 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 32306

Title: P () Delete
Name: BIRKY, BRIAN
Address: 1855 W MAIN ST
City-St-Zip: BARTOW, FL 32830

Title: D () Delete
Name: NICKELL, RODNEY
Address: 1724 HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: INBORNONE, CAROLANNE
Address: 608 E ALMONTE DR 3100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BURRESS, PAUL
Address: 945 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 32306

Title: PP (X) Change () Addition
Name: BIRKY, BRIAN
Address: 1855 W MAIN ST
City-St-Zip: BARTOW, FL 32830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: INBORNONE, CAROLANNE
Address: 608 E ALMONTE DR 3100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE SNYDER

T

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date