

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42283

FILED
Feb 02, 2012
Secretary of State

Entity Name: HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

334 SW 62ND BLVD APT 8
GAINESVILLE, FL 32607

New Principal Place of Business:

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:

HINES, LESLEY
334 SW 62ND BLVD APT 8
GAINESVILLE, FL 32607 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: P
Name: MAISLER, JAY
Address: 14502 N. DALE MABRY HWY., STATE RD. 200
City-St-Zip: TAMPA, FL 33618

Title: T
Name: HINES, LESLEY
Address: 334 SW 62ND BLVD APT 8
City-St-Zip: GAINESVILLE, FL 32607

Title: PP
Name: TIMM, JASON
Address: 130 SCRIPPS WAY, #3B1
City-St-Zip: JUPITER, FL 33458

Title: S
Name: THOMAS, KATHLEEN
Address: 1601 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: STANFORD, SUSAN
Address: 1600 SW ARCHER ROAD, DG-11
City-St-Zip: GAINESVILLE, FL 32610

Title: PP
Name: SNYDER, GEORGE
Address: 5316 NW 46TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

I hereby 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 all other like empowered.

SIGNATURE: LESLEY HINES

T

02/02/2012

Electronic Signature of Signing Officer or Director

Date