

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38253

Entity Name: FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION OF
PHYSICIST IN MEDICINE, INC.**Current Principal Place of Business:**6422 SW 55TH PLACE
DAVIE, FL 33314**Current Mailing Address:**6422 SW 55TH PLACE
DAVIE, FL 33314 US**FEI Number: 59-2996423****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PADGETT, KYLE R PHD
6422 SW 55TH PLACE
DAVIE, FL 33314 US*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: KYLE R. PADGETT****01/31/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HERCHKO, STEVEN M PHD
Address 4500 SAN PABLO ROAD SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title PAST PRESIDENT
Name SCHOFIELD, DEBORAH PHD
Address 2501 N ORANGE AVE #181
City-State-Zip: ORLANDO FL 32808

Title PRESIDENT - ELECT
Name JOHNSON, PERRY PHD
Address 2015 NORTH JEFFERSON ST.
City-State-Zip: JACKSONVILLE FL 32206

Title TREASURER
Name PADGETT, KYLE R PHD
Address UNIV OF MIAMI - RADIATION
ONCOLOGY
1475 NW 12TH AVE SUITE# C123
City-State-Zip: MIAMI FL 33136

Title PRESIDENT
Name SCHWARZ, BRYAN C PHD
Address DEPARTMENT OF RADIOLOGY
PO BOX 100374
City-State-Zip: GAINESVILLE FL 32610

Title BOARD REPRESENTATIVE
Name BOSSART, BETH PHD
Address 1475 NW 12TH AVE
SUITE #1500
City-State-Zip: MIAMI FL 33136

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: KYLE R. PADGETT**TREASURER****01/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date