

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42283

Entity Name: HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

2317 GLENMOOR RD N
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 8164
CLEARWATER, FL 33758-8164 US

FEI Number: 59-2348201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEAVER, ADAM S
2317 GLENMOOR RD N
CLEARWATER, FL 33764 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: ADAM S WEAVER

02/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WEAVER, ADAM S
Address P.O. BOX 8164
City-State-Zip: CLEARWATER FL 33758-8164

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

Title PE
Name MIKE, PHILLIPS
Address P.O. BOX 8164
City-State-Zip: CLEARWATER FL 33758-8164

Title D
Name JACOBSON, THOMAS
Address 945 W JEFFERSON
City-State-Zip: TALLAHASSEE FL 32306

Title PRESIDENT
Name DICKSON, HOWARD
Address 12008 SAN CHALIFORD CT
City-State-Zip: TAMPA FL 33626

Title D
Name ROD, NICKELL
Address P.O. BOX 8164
City-State-Zip: CLEARWATER FL 33758-8164

Title D
Name GEBER, KURT
Address NASA OCC. HEALTH
 MAILCODE DYN-4
City-State-Zip: KISSIMEE ST CLOUD FL 32899

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: ADAM S WEAVER

TREASURER

02/01/2015

Electronic Signature of Signing Officer/Director Detail

Date