

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42283

FILED
Jan 22, 2018
Secretary of State
CC8712954757

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

01/22/2018

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 LANZA, JOHN
Address PO BOX 8164
City-State-Zip: CLEARWATER FL 33758

Title PRESIDENT
Name TIMM, TRISTAN
Address P.O. BOX 8164
City-State-Zip: CLEARWATER FL 33758-8164

Title D
Name STURCHIO, GLENN
Address PO BOX 8164
City-State-Zip: CLEARWATER FL 33758-8164

Title DIRECTOR
Name CONNELLY, CLARK
Address PO BOX 8164
City-State-Zip: CLEARWATER FL 33758

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

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

Title PRESIDENT ELECT
Name DANEK, JOE
Address PO BOX 8164
City-State-Zip: CLEARWATER FL 33758

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

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date