

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42283

FILED
Mar 27, 2013
Secretary of State
CC8640693060

Entity Name: HEALTH PHYSICS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

334 SW 62ND BLVD APT 8
GAINESVILLE, FL 32607

Current Mailing Address:

P.O. BOX 358534
GAINESVILLE, FL 32635-8534

FEI Number: 59-2348201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HINES, LESLEY
334 SW 62ND BLVD APT 8
GAINESVILLE, FL 32607 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MAISLER, JAY
Address 14502 N. DALE MABRY HWY., STATE RD. 200
City-State-Zip: TAMPA FL 33618

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

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

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

Title PE
Name NELSON, KEVIN
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

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

Title D
Name HOLTZCLAW, RHONDA
Address 10501 FGCU BLVD S.
City-State-Zip: FT. MYERS FL 33965

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

TREASURER

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date