

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002542

FILED
Feb 04, 2005
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS, INCORPORATED

Current Principal Place of Business:

ONE PHYSICS ELLIPSE
COLLEGE PARK, MD 20740

New Principal Place of Business:

Current Mailing Address:

740 NE 11TH AVENUE
OCALA, FL 344705916

New Mailing Address:

FEI Number: 56-1374863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERRILL, RANDALL
740 NE 11TH AVENUE
OCALA, FL 344705916 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 (X) Delete
Name: BERTRAND, RUDI J
Address: 4431 MCPHERSON AVENUE
City-St-Zip: ST LOUIS, MO 631084189

Title: V () Delete
Name: MOORE, KEITH
Address: 5835 WEST SUNSET AVENUE
City-St-Zip: SPRINGDALE, AR 72762

Title: S () Delete
Name: LENARDS, NISHELE
Address: 2831 SOUTH SHORE DRIVE
City-St-Zip: PRIOR LAKE, MN 55372

Title: T () Delete
Name: MERRILL, RANDALL
Address: 740 NE 11TH AVENUE
City-St-Zip: OCALA, FL 344705916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOORE, KEITH
Address: 5835 WEST SUNSET AVENUE
City-St-Zip: SPRINGDALE, AR 72762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDALL P. MERRILL

T

02/04/2005

Electronic Signature of Signing Officer or Director

Date