

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90204 011 ***158.75

DOCUMENT # F00000004223

1. Entity Name

NT MEDICAL GROUP, INC.

Principal Place of Business

**136 SPARROW DRIVE, SUITE A
 ROYAL PALM BEACH FL 33411**

Mailing Address

**136 SPARROW DRIVE, SUITE A
 ROYAL PALM BEACH FL 33411**

00010840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2930 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 204

3. Mailing Address

1128 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

PMB # 167

City & State

West Palm Beach, FL.

City & State

Royal Palm Beach, FL.

Zip

33409

Country

USA

Zip

33411

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GRAYSON, YALE A

**136 SPARROW DRIVE, SUITE A
 ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

Yale Grayson

Street Address (P.O. Box Number is Not Acceptable)

2930 Okeechobee Blvd. Ste. # 204

City

West Palm Beach FL

Zip Code

33409

8. 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

[Signature]

Yale Grayson 1-22-01

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTCD** ☐ Delete
 NAME **GRAYSON, YALE A**
 STREET ADDRESS **136 SPARROW DRIVE, SUITE A**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VSD** ☐ Delete
 NAME **GRAYSON, BARBARA ANN**
 STREET ADDRESS **136 SPARROW DRIVE, SUITE A**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTCD** ☒ Change ☐ Addition
 NAME **YALE A. GRAYSON**
 STREET ADDRESS **2930 OKEECHOBEE BLVD. STE. # 204**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33409**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **BARBARA A. GRAYSON**
 STREET ADDRESS **2930 OKEECHOBEE BLVD. STE. # 204**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33409**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yale Grayson 1-22-01

Date

Daytime Phone #

561-681-9707

CR2E034 (10/00)