

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 022 ***550.00

DOCUMENT # F00000004223

1. Entity Name

NT MEDICAL GROUP, INC.

DO NOT WRITE IN THIS SPACE

869979

2. Principal Place of Business 2930 Okeechobee Boulevard Suite, Apt. #, etc. Suite 204 City & State West Palm Beach, FL Zip 33409		3. Mailing Address 1128 Royal Palm Beach Blvd Suite, Apt. #, etc. PMB #167 City & State Royal Palm Beach, FL Zip 33411	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Yale A. Grayson	
Street Address (P.O. Box Number is Not Acceptable) 2930 Okeechobee Blvd., Suite 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]

(NOTE: Registered Agent signature required when reinstating)

6-17-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PTCD Yale A. Grayson 2930 Okeechobee Blvd., #204 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Barbara Ann Grayson 2930 Okeechobee Blvd., #204 West Palm Beach, FL 33409
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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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yale A. Grayson

6-17-02

(561) 681-9707

DATE

Daytime Phone

CR2E034B (12/01)