

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009039

1. Entity Name
NTIC, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

Principal Place of Business
14390 CARLSON CIRCLE
TAMPA FL 33626

Mailing Address
14390 CARLSON CIRCLE
TAMPA FL 33626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14302 BRUCE B. DOWNS BLVD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3377
Suite, Apt. #, etc.

City & State
BRANDON, FL
Zip
33613
Country
USA

City & State
BRANDON, FL
Zip
33511
Country
USA

4. FEI Number
59-3632078
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEKHOR, DAVID
14390 CARLSON CIRCLE
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDREW MESSINA, M.D. 14302 BRUCE B. DOWNS BOULEVARD BRANDON, FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DAVID R. CARROLL, M.D. 14302 BRUCE B. DOWNS BOULEVARD BRANDON, FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President WARREN W. WYLIE, II 14302 BRUCE B. DOWNS BOULEVARD BRANDON, FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Bekhor 14302 Bruce B. Downs Boulevard Brandon Tampa FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003455430-3 -11/07/00--01083--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/25/00 (813) 657-4914
Date Daytime Phone #

CR2E083 (500)