

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009039

1. Entity Name

NTIC, LLC

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14302 BRUCE B. DOWNS BLVD.
BRANDON FL 33613

Mailing Address

P.O. BOX 3377
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

BEKHOR, DAVID
14390 CARLSON CIRCLE
TAMPA FL 33626

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
PRES
ANDREW MESSINA M.D.
STREET ADDRESS 14302 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP BRANDON FL 33613

TITLE NAME ☐ Change ☐ Addition
100004133821--0
-05/03/01--01085--007
*****50.00 *****50.00

TITLE NAME ☐ Delete
S
CARROLL, DAVID R M.D.
STREET ADDRESS 14302 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP BRANDON FL 33613

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
VP
WYLIE, WARREN W II
STREET ADDRESS 14302 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP BRANDON FL 33613

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
T
BEKHOR, DAVID
STREET ADDRESS 14302 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP BRANDON FL 33613

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)