2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am § Secretary of State DOCUMENT # L9900009039 1. Entity Name 03-28-2002 90125 012 ****50.00 NTIC, LLC Mailing Address Principal Place of Business 14302 BRUCE B. DOWNS BLVD. P.O. BOX 3377 BRANDON FL 33613 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3632078 Not Applicable Zip Country 7in Country \$5.00 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEKHOR, DAVID Street Address (P.O. Box Number is Not Acceptable) 14390 CARLSON CIRCLE TAMPA FL 33626 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 ECUTIVE. LIRECTOR FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. PRES TITLE Delete TITLE Change ☐ Addition NAME ANDREW MESSINA M.D. NAME STREET ADDRESS 14302 BRUCE B. DOWNS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33613** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARROLL, DAVID R M.D. NAME STREET ADDRESS 14302 BRUCE B. DOWNS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . BRANDON FL 33613 TITLE ☐ Delete TITLE Change ☐ Addition NAME WYLIE, WARREN W II NAME STREET ADDRESS STREET ADDRESS 14302 BRUCE B. DOWNS BLVD. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33613** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME BEKHOR, DAVID NAME STREET ADDRESS STREET ADDRESS 14302 BRUCE B. DOWNS BLVD. CITY-ST-78P CITY-ST-7IP **BRANDON FL 33613** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED