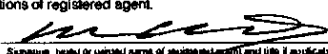


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90025 023 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000009039					
1. Entity Name NTIC, LLC					
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		4. FEI Number 59-3632078	
Zip		Country		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		
WYME, WARREN 766 W BRANDON BLVD BRANDON, FL 33611			Name Warren W. Wylie, II		
			Street Address (P.O. Box Number is Not Acceptable) 122 Linsley Avenue, Ste A		
			City Brandon		
			FL Zip Code 33511		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Warren W. Wylie, II Executive Director 3/13/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANDREW MESSINA M.D. 14302 BRUCE B. DOWNS BLVD. BRANDON, FL 33613		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROLL, DAVID R M.D. 14302 BRUCE B. DOWNS BLVD. BRANDON, FL 33613		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYLIE, WARREN W II 14302 BRUCE B. DOWNS BLVD. BRANDON, FL 33613		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEKHOR, DAVID 14302 BRUCE B. DOWNS BLVD. BRANDON, FL 33613		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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 606, Florida Statutes.					
SIGNATURE:  Warren W. Wylie 3/13/03 (813) 657-4914 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2EB33 (10/02)