

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006661

FILED
Jan 16, 2009
Secretary of State

Entity Name: NTMINFO & RESEARCH, INC.

Current Principal Place of Business:

1550 MADRUGA AVENUE
SUITE 230
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1550 MADRUGA AVENUE
SUITE 230
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-0156638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITMAN, PHILIP
1550 MADRUGA AVE STE 230
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEITMAN, PHILIP
Address: 8791 SW 64 COURT
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: LEITMAN, FERN
Address: 8791 SW 64 COURT
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: ALLYN, MARY
Address: 700 JOHN RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: ISEMAN, MICHAEL D MD
Address: 1400 JACKSON ST
City-St-Zip: DENVER, CO 80260

Title: D () Delete
Name: AKSIMAT, TIMOTHY R MD
Address: 20 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: D () Delete
Name: ASHKIN, DAVID MD
Address: P.O. BOX 3084, LANTANA RD
City-St-Zip: LANTANA, FL 334653084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LEITMAN

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date