

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L74816**

1. Entity Name  
**STATE & COUNTY ASSOCIATES, INC.**

Principal Place of Business  
**6051 ESTERP BLVD  
FORT MYERS BEACH FL 33931**

Mailing Address  
**6051 ESTERP BLVD  
FORT MYERS BEACH FL 33931**

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

**65-0320044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUENTHER, DENNIS  
6051 ESTERO BLVD  
FORT MYERS BEACH FL 33931**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GUENTHER, DENNIS**  
STREET ADDRESS **6051 ESTERO BLVD**  
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **600006471686**  
STREET ADDRESS **-07/17/02--01056--031**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**239-454-5334**

FILED

02 JUL 16 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

*Attachment*

**Lance Y. Kim, D.O., P.A.**

*Specializing in Neurology,  
Neuromuscular Diseases,  
& Sleep Disorders*



*Diplomate, American Board of Psychiatry & Neurology  
Diplomate, American Board of Clinical Neurophysiology  
Diplomate, American Board of Electrodiagnostic Medicine  
Diplomate, American Board of Independent Medical Examiners  
Fellow of the Royal Society of Medicine*

July 8, 2002

*# L 74816*

Re: Guenther, Dennis  
DOB: 03/0164

To whom it may concern:

On 05/14/02, the above named patient was evaluated in our office after having been involved in a motor vehicle accident on 01/21/02. He was found to have brachial plexopathy and he is undergoing physical therapy at this time. Therefore, he is not functioning at full capacity.

Sincerely,

*Janine Stokes, R.N.*

Janine Stokes, R.N. for:  
Lance Y. Kim, D.O., P.A.

JS/sdp