

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 22 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024541

1. Entity Name

EXTERIOR CONSULTANTS INC

DO NOT WRITE IN THIS SPACE

800007317398--3
-08/23/02--01070--023
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6051 Estero Boulevard

Suite, Apt. #, etc.

3. Mailing Address

6051 Estero Boulevard

Suite, Apt. #, etc.

City & State

Fort Myers Beach-FL

City & State

Fort Myers Beach FL

4. ECR Number

65-0578707

5. Accounting For

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

Name

Larry L. Pittman

Street Address (P.O. Box Number is Not Acceptable)

6051 Estero Boulevard

City

Fort Myers Beach

FL

Zip Code

33931

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]

(NOTE: Registered Agent signature required when reappointing)

8/20/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DPST
NAME	Dennis K Guenther Jr
STREET ADDRESS	P O Box 771177
CITY - ST - ZIP	Ocala FL 32675
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied on 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

js 8/22/02

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

05000024541

Re: Guenther, Dennis
DOB: 08/0164

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