

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110878

1. Entity Name
SPECIALTY FINANCE, INC.

FILED

02 JUL 16 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6051 ESTERO BOULEVARD FORT MYERS BEACH FL 33931 US	Mailing Address 6051 ESTERO BOULEVARD FORT MYERS BEACH FL 33931 US
--	--

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 65-0975969	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEEL, DENISE R 6051 ESTERO BOULEVARD 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEL, DENISE R 6051 ESTERO BOULEVARD FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006471873-4 -07/17/02--01063--010 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Denise R. Neel **239 454 5334**

0488944 AV

CR2E034 (9/01)

Attachment

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

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



#P99000110878

*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

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