

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 009 ***150.00

DOCUMENT # F04000005314

1. Entity Name
DISABILITY CONSULTANTS, P.C.



Principal Place of Business

**311 9TH ST. N.
SUITE 310
NALES, FL. 34101**

Mailing Address

**5585 MURFIELD DRIVE
ROCHESTER HILLS, MI 48306**



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
01-0550406	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, GLEN
516 SOUTHEAST 33RD ST.
CAPE CORAL, FL 33906**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	JOHNSON, A. NEIL
STREET ADDRESS	5585 MURFIELD DRIVE
CITY - ST - ZIP	ROCHESTER HILLS, MI 48306

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. Neil Johnson

A. NEIL JOHNSON

4/23/07

248 656-8753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #