

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000073670

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** DISABILITY CLAIMS CLINIC, LLC

**Current Principal Place of Business:**

2001 TYLER STREET, STE. 2  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 221964  
HOLLYWOOD, FL 330221964

**New Mailing Address:**

**FEI Number:** 27-3081180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLDT, KIMBERLY  
2001 TYLER STREET, STE. 2  
HOLLYWOOD, FL 33020 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOLDT, KIMBERLY  
Address: 2001 TYLER STREET, STE. 2  
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY BOLDT

MGRM

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date