

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073670

FILED
Jan 05, 2012
Secretary of State

Entity Name: DISABILITY CLAIMS CLINIC, LLC

Current Principal Place of Business:

20051 NE 37TH COURT
AVENTURA, FL 33180 US

New Principal Place of Business:

215 S 21ST AVENUE
HOLLYWOOD, FL 33020 US

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:

BOLDT, KIMBERLY
215 S 21ST AVENUE
HOLLYWOOD, FL 33020 US

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:

01/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BOLDT, KIMBERLY
Address: 215 S 21ST AVE.
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 L. BOLDT

MGRM

01/05/2012

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