

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000097761

Entity Name: DISABILITY APEX, INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1720 S. GADSDEN ST.  
STE. 208  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1720 S. GADSDEN ST.  
STE. 223E  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 180549  
TALLAHASSEE, FL 32318

**New Mailing Address:**

FEI Number: 59-3747222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LAWRENCE, LISA CLARKE  
1720 S. GADSDEN ST.  
TALLAHASSEE, FL 32301      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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LAWRENCE, LISA CLARKE  
Address: 1720 S. GADSDEN ST.  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA LAWRENCE

PST

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date