

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076446

FILED  
Mar 26, 2010  
Secretary of State

Entity Name: DISABILITY LAW CLAIMS, P.A.

## Current Principal Place of Business:

1214 S ANDREWS AVE STE 301  
FORT LAUDERDALE, FL 33316

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 350038  
FORT LAUDERDALE, FL 33335

## New Mailing Address:

FEI Number: 20-1136604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAM S. NEIDENBERG, P.A.  
P.O. BOX 350038  
FORT LAUDERDALE, FL 33335 US

## Name and Address of New Registered Agent:

ADAM S. NEIDENBERG, P.A.  
1214 S. ANDREWS AVE. SUITE 301  
FORT LAUDERDALE, FL 33316 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: ADAM NEIDENBERG

03/26/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: LAVAN, KEN  
Address: 1214 S ANDREWS AVE STE 301  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP  
Name: NEIDENBERG, ADAM  
Address: 1214 S ANDREWS AVE STE 301  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: KENNETH LAVAN

CEO

03/26/2010

Electronic Signature of Signing Officer or Director

Date