2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P04000076446

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.
1214 S. ANDREWS AVE. SUITE 301
FORT LAUDERDALE, FL 33316 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: 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: KEN LAVAN P 02/18/2011

Electronic Signature of Signing Officer or Director Date