

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012789

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** DISABILITY EXPERTS OF FLORIDA, INC.

**Current Principal Place of Business:**

902 W. LUMSDEN ROAD  
SUITE 102  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

7451 OAK TREE LANE  
SPRING HILL, F: 34607

**New Mailing Address:**

7451 OAK TREE LANE  
SPRING HILL, FL 34607

**FEI Number:** 20-2245767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEXER, ALLAN S  
7451 OAK TREE LANE  
SPRING HILL, FL 34607 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** FLEXER, ALLAN S  
**Address:** 7451 OAK TREE LANE  
**City-St-Zip:** SPRING HILL, FL 34607 US

**Title:** VP  
**Name:** BARON, MELVIN T  
**Address:** 3117 LECANTO STREET  
**City-St-Zip:** HOLIDAY, FL 34691 US

**Title:** D  
**Name:** BUDLIN, DAVID  
**Address:** 2649 RIDGETOP WAY  
**City-St-Zip:** VALRICO, FL 33594 US

**Title:** P  
**Name:** FLEXER, HEIDI K  
**Address:** 7451 OAK TREE LANE  
**City-St-Zip:** SPRING HILL, FL 34607 US

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:** SCOTT FLEXER

CEO

02/18/2010

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

\_\_\_\_\_  
Date