

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012789

**FILED**  
**Mar 17, 2011**  
**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:**

3460 MARINER BLVD.  
SPRING HILL, FL 34609

**Current Mailing Address:**

7451 OAK TREE LANE  
SPRING HILL, FL 34607

**New Mailing Address:**

P. O. BOX 6563  
SPRING HILL, FL 34611

**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

**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: ALLAN SCOTT FLEXER

CEO

03/17/2011

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

\_\_\_\_\_  
Date