

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025538

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: DISABILITY EXAMINERS OF AMERICA, INC.

## Current Principal Place of Business:

1020 E. LAFAYETTE ST.  
SUITE 108  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

2003 APALACHEE PARKWAY  
SUITE 202-B  
TALLAHASSEE, FL 32301

## Current Mailing Address:

1020 E. LAFAYETTE ST.  
SUITE 108  
TALLAHASSEE, FL 32301

## New Mailing Address:

2003 APALACHEE PARKWAY  
SUITE 202-B  
TALLAHASSEE, FL 32301

FEI Number: 59-3239857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GELETKO, PAUL  
1020 E. LAFAYETTE  
SUITE 108  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

GELETKO, PAUL  
2003 APALACHEE PARKWAY  
SUITE 202-B  
TALLAHASSEE, FL 32301 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:

06/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GELETKO, PAUL  
Address: 1020 E. LAFAYETTE, SUITE 108  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: CRONA, WILLIAM D  
Address: 2020 LEE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: PATTERSON, TODD  
Address: 1318 N. MONROE STREET, #E  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: CATER, GARY  
Address: 2569 NOBLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GELETKO, PAUL  
Address: 2003 APALACHEE PARKWAY, SUITE 202-B  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL GELETKO

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date