

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003182

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** LIBERATOR MEDICAL HOLDINGS, INC.

**Current Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 87-0267292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LIBRATOR, MARK A  
2979 SE GRAN PARK WAY  
STUART, FL 34997 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: DPST  
Name: LIBRATORE, MARK A  
Address: 2979 SE GRAN PARK WAY  
City-St-Zip: STUART, FL 34997

Title: COO  
Name: LEGER, JOHN  
Address: 2979 SE GRAN PARK WAY  
City-St-Zip: STUART, FL 34997

Title: CFO  
Name: DAVIS, ROBERT J  
Address: 2979 SE GRAN PARK WAY  
City-St-Zip: STUART, FL 34997

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: ROBERT J DAVIS

CFO

01/25/2011

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

\_\_\_\_\_ Date