

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72305

FILED
Jun 04, 2008
Secretary of State

Entity Name: LIBERTY MEDICAL SUPPLY, INC.

Current Principal Place of Business:

8883 LIBERTY LANE
SUITE 250
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9649
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 65-0193983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

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: P () Delete
Name: FARRELL, STEPHEN
Address: 10045 S. FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: ANDERSON, DEVIN
Address: 10045 S. FEDERAL WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, KEITH
Address: 10045 S. FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change () Addition
Name: JONES, KEITH
Address: 10045 S. FEDERAL WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: CRYSTAL FICKEN

POA

06/04/2008

Electronic Signature of Signing Officer or Director

Date