

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90120 010 ***158.75

DOCUMENT # L72305

1. Entity Name
LIBERTY MEDICAL SUPPLY, INC.



90018341



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**3300 SW 42ND AVE
PALM CITY FL 34990
US**

Mailing Address
**P O BOX 9649
PORT ST LUCIE FL 34985
US**

2. Principal Place of Business
8883 LIBERTY LANE

3. Mailing Address
NAME AS ABOVE

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

Zip
34952

Country
ST. LUCIE

4. FEI Number **65-0193983**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, ROBERT N
C/O DEAN, MEAD, MINTON & KLEIN
1903 SOUTH 25TH STREET, SUITE 200
FORT PIERCE FL 34947**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROWBRIDGE, W. KEITH 2421 SE BAHIA WAY STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, STEVEN J 112 FARM RD SHERBORN MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIANO, ARTHUR A 13 SALT MARSH LN GLOUCESTER MA 01930	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTERS, ERIC G 165 CAMBRIDGE TNPKE CONCORD MA 01742	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SICILIANO, ARTHUR A 13 SALT MARSH LANE GLOUCESTER, MA 01930	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, SECRETARY WALTERS, ERIC 165 CAMBRIDGE TUNPIKE CONCORD, MA 01742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

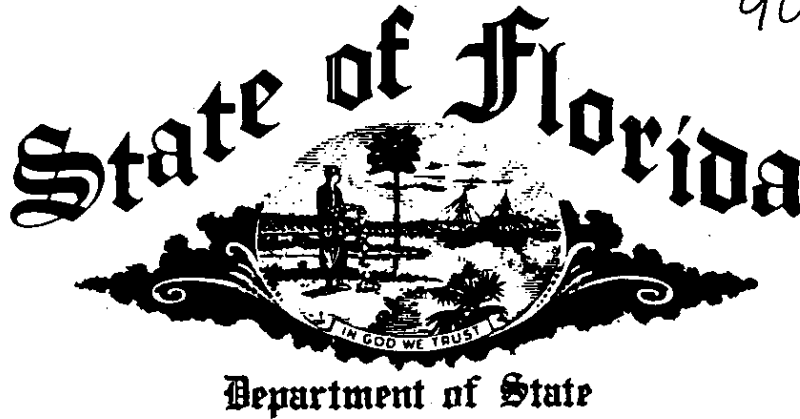
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(772) 398-5800**
Date Daytime Phone #

CR2E034 (10/02)

90018341



I certify from the records of this office that LIBERTY MEDICAL SUPPLY, INC. is a corporation organized under the laws of the State of Florida, filed on May 11, 1990.

The document number of this corporation is L72305.

I further certify that said corporation has paid all fees due this office through December 31, 2002, that its most recent annual report/uniform business report was filed on February 7, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (1-99)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twelfth day of February, 2002

Katherine Harris

Katherine Harris
Secretary of State