

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

**FILED**  
**Feb 11, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

4260 SE FEDERAL HWY.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 446  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 65-0936904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIBRATORE, MARK A  
4330 SE FEDERAL HWY.  
STUART, FL 34997 US

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

LIBRATORE, MARK A  
4260 SE FEDERAL HIGHWAY  
STUART, FL 34997 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/11/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDTS ( ) Delete  
Name: LIBRATORE, MARK A  
Address: 2051 SE RIVERSIDE ROAD  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A LIBRATORE

Electronic Signature of Signing Officer or Director

P

02/11/2005

Date