

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

**FILED**  
**Feb 18, 2010**  
**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:**

1823 SE AIRPORT RD  
BLDG 30  
STUART, FL 34996

**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  
4260 SE FEDERAL HIGHWAY  
STUART, FL 34997 US

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

LIBRATORE, MARK A  
1823 SE AIRPORT RD  
BLDG 30  
STUART, FL 34996 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:**

02/18/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

**Title:** CFO  
**Name:** DAVIS, ROBERT J  
**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

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

02/18/2010

Electronic Signature of Signing Officer or Director

Date