

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1823 SE AIRPORT RD  
BLDG 30  
STUART, FL 34996

**New Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

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

02/02/2012

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

\_\_\_\_\_ Date