

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72305

Entity Name: LIBERTY MEDICAL SUPPLY, INC.**Current Principal Place of Business:**8881 LIBERTY LANE
PORT ST. LUCIE, FL 34952**Current Mailing Address:**8881 LIBERTY LANE
PORT ST. LUCIE, FL 34952 US**FEI Number:** 65-0193983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Date

Officer/Director Detail :

Title PRESIDENT & OWNER
Name HARVEY, FRANK A
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

Title COO & OWNER
Name RODRIGUEZ, ARLENE
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

Title CFO & OWNER
Name RODRIGUEZ, ARLENE
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP & OWNER
Name TIDD, TIMOTHY
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

Title CHIEF SOURCING OFFICER &
OWNER
Name SILEK, SAMUEL
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

Title CHIEF SALES OFFICER & OWNER
Name MARK, ROBERT
Address 8881 LIBERTY LANE
City-State-Zip: PORT ST. LUCIE FL 34952

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: FRANK A. HARVEY**PRESIDENT****03/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date