

**2013 FLORIDA PROFIT CORPORATION AMENDED 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

Title            DIRECTOR  
Name            REISS, M. FREDDIE  
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 HARVEY**PRESIDENT****08/15/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date