

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000074523

**Entity Name:** LIBERATOR HEALTH AND EDUCATION SERVICES, INC.

**Current Principal Place of Business:**

1823 SE AIRPORT RD.  
STUART, FL 34996

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**5136771809CC**

**Current Mailing Address:**

1823 SE AIRPORT RD.  
STUART, FL 34996 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
C/O 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  
Name            BROOKE , STORY  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            VICE PRESIDENT & TREASURER  
Name            RODETIS, GREG  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            VP  
Name            SPOEREL, THOMAS  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            VP  
Name            RITTMAN, SCOTT J.  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            VP  
Name            DEFAZIO, GARY  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            VP  
Name            SEGRETO, ANTOINETTE  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            DIRECTOR  
Name            LASALA, JOSEPH  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title            DIRECTOR  
Name            DEFAZIO, GARY  
Address        1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

**Continues on page 2**

*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: THOMAS SPOEREL**

**VICE PRESIDENT**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name DEFAZIO, GARY  
Address 1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name ADAM , RAPPAPORT  
Address 1823 SE AIRPORT RD.  
City-State-Zip: STUART FL 34996