2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033262

Entity Name: LIBERATOR HEALTH AND WELLNESS, INC.

Current Principal Place of Business:

1823 SE AIRPORT RD. STUART, FL 34996

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 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

FILED Mar 06, 2023

Secretary of State

2838748040CC

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT & TREASURER

NameBROOKE, STORYNameRODETIS, GREGAddress1823 SE AIRPORT RD.Address1823 SE AIRPORT RD.City-State-Zip:STUART FL 34996City-State-Zip:STUART FL 34996

Title VP Title VICE PRESIDENT & SECRETARY

Name SPOEREL, THOMAS Name DEFAZIO, GARY

Address 1823 SE AIRPORT RD. Address 1823 SE AIRPORT RD.

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title VP Title DIRECTOR

NameSEGRETO, ANTOINETTENameLASALA, JOSEPHAddress1823 SE AIRPORT RD.Address1823 SE AIRPORT RD.City-State-Zip:STUART FL 34996City-State-Zip:STUART FL 34996

Title DIRECTOR Title DIRECTOR

NameDEFAZIO, GARYNameADAM, RAPPAPORTAddress1823 SE AIRPORT RD.Address1823 SE AIRPORT RD.City-State-Zip:STUART FL 34996City-State-Zip:STUART FL 34996

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