

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033262

**FILED**  
**Feb 18, 2013**  
**Secretary of State**  
**CC8945720817**

**Entity Name:** LIBERATOR HEALTH AND WELLNESS, INC.

**Current Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**Current Mailing Address:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**FEI Number: 26-4719501**

**Certificate of Status Desired: Yes**

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

LIBRATORE, MARK  
2979 SE GRAN PARK WAY  
STUART, FL 34997 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            PSTD  
Name            LIBRATORE, MARK  
Address        2979 SE GRAND PARK WAY  
City-State-Zip: STUART FL 34997

Title            CFO  
Name            DAVIS, ROBERT J  
Address        2979 SE GRAND PARK WAY  
City-State-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**

**02/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date