

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033262

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC3399562380**

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

**Current Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**Current Mailing Address:**

730 CENTRAL AVENUE  
MURRAY HILL, NJ 07974 US

**FEI Number: 26-4719501**

**Certificate of Status Desired: No**

**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            PRESIDENT  
Name            CURRY, PETER  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            VP  
Name            WEILAND, JOHN H  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            SECRETARY  
Name            KHICHI, SAMRAT S  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            TREASURER  
Name            LOWRY, SCOTT T  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            DIRECTOR  
Name            COLLINS, TIMOTHY P  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            DIRECTOR  
Name            HOLLAND, CHRISTOPHER S  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            DIRECTOR  
Name            KHICHI, SAMRAT S  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

Title            DIRECTOR  
Name            WEILAND, JOHN H  
Address        730 CENTRAL AVENUE  
City-State-Zip: MURRAY HILL NJ 07974

*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: SCOTT T. LOWRY**

**VICE PRESIDENT AND  
TREASURER**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date