## 2024 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

## 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

## **Officer/Director Detail :**

Onicon/Direc			
Title	VP	Title	VICE PRESIDENT & SECRETARY
Name	SEGRETO, ANTOINETTE	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	ASSISTANT SECRETARY	Title	ASSISTANT TREASURER
Name	LASALA, JOSEPH	Name	FROST, LAURA
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	VICE PRESIDENT & TREASURER
Name	SPOEREL, THOMAS	Name	RODETIS, GREG
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title Name	PRESIDENT STORY, BROOKE	Title Name	DIRECTOR RAPPAPORT, ADAM
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	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: GARY DEFAZIO

VICE PRESIDENT & SECRETARY 03/14/2024

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 14, 2024 Secretary of State 0042770840CC

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

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