2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033262

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

FILED Apr 07, 2016

Secretary of State

CC3399562380

Officer/Director Detail:

Title PRESIDENT Title VF

NameCURRY, PETERNameWEILAND, JOHN HAddress730 CENTRAL AVENUEAddress730 CENTRAL AVENUECity-State-Zip:MURRAY HILL NJ 07974City-State-Zip:MURRAY HILL NJ 07974

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

Title DIRECTOR Title DIRECTOR

NameCOLLINS, TIMOTHY PNameHOLLAND, CHRISTOPHER SAddress730 CENTRAL AVENUEAddress730 CENTRAL AVENUECity-State-Zip:MURRAY HILL NJ 07974City-State-Zip:MURRAY HILL NJ 07974

Title DIRECTOR Title DIRECTOR

NameKHICHI, SAMRAT SNameWEILAND, JOHN HAddress730 CENTRAL AVENUEAddress730 CENTRAL AVENUECity-State-Zip:MURRAY HILL NJ 07974City-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