

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

Entity Name: LIBERATOR MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1823 SE AIRPORT RD
STUART, FL 34996

Current Mailing Address:

PO BOX 446
STUART, FL 34995-0446 US

FEI Number: 65-0936904

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
BROWARD COUNTY, 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: C T CORPORATION SYSTEM

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WALLS, JESSICA
Address 1823 SE AIRPORT RD
City-State-Zip: STUART FL 34996

Title PRESIDENT
Name GALINIS, JAMIEBETH
Address 1823 SE AIRPORT RD
City-State-Zip: STUART FL 34996

Title TREASURER
Name READ, DANIEL
Address 1823 SE AIRPORT RD
City-State-Zip: STUART FL 34996

Title SECRETARY
Name GALINIS, JAMIEBETH
Address 1823 SE AIRPORT RD
City-State-Zip: STUART FL 34996

Title VP
Name EMERSON, ROBERT
Address 1823 SE AIRPORT RD
City-State-Zip: STUART FL 34996

Title OTHER, ASSISTANT GENERAL COUNSEL
Name WALLS, JESSICA
Address 1823 SE AIRPORT RD
City-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: JAMIEBETH GALINIS

PRESIDENT

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date