

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

Entity Name: LIBERATOR MEDICAL SUPPLY, INC.

Current Principal Place of Business:

2927 SE GRAN PARK WAY
STUART, FL 34997

FILED
Apr 12, 2017
Secretary of State
CC0207083411

Current Mailing Address:

2927 SE GRAN PARK WAY
STUART, FL 34997 US

FEI Number: 65-0936904

Certificate of Status Desired: No

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

04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLLINS, TIMOTHY P.
Address 2927 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title DIRECTOR, SECRETARY
Name KHICHI, SAMRAT S.
Address 2927 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title TREASURER
Name LOWRY, SCOTT T.
Address 2927 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title PRESIDENT
Name CURRY, PETER R.
Address 2927 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name WEILAND, JOHN H.
Address 2927 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name HOLLAND, CHRISTOPHER S.
Address 2927 SE GRAN 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: SCOTT T. LOWRY

TREASURER

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date