#### **2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000064372

Entity Name: LIBERATOR MEDICAL SUPPLY, INC.

FILED
Oct 12, 2021
Secretary of State
6561517233CC

### **Current Principal Place of Business:**

1823 SE AIRPORT RD STUART, FL 34996

## **Current Mailing Address:**

1823 SE AIRPORT ROAD STUART. FL 34996 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 10/12/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	DIRECTOR	Title	PRESIDENT
Name	ARAUJO FILHO, CLAUDIO	Name	ARAUJO FILHO, CLAUDIO
Address	1823 SE AIRPORT RD	Address	1823 SE AIRPORT RD

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title DIRECTOR Title TREASURER

NameSANTA MARIA, DIANANameSANTA MARIA, DIANAAddress1823 SE AIRPORT RDAddress1823 SE AIRPORT RDCity-State-Zip:STUART FL 34996City-State-Zip:STUART FL 34996

Title SECRETARY Title DIRECTOR

NameVERA, CHRISTIANNameVERA, CHRISTIANAddress1823 SE AIRPORT RDAddress1823 SE AIRPORT RDCity-State-Zip:STUART FL 34996City-State-Zip:STUART FL 34996

TitleVPTitleDIRECTORNameCHATEL, PAULNameCHATEL, PAUL

Address 1823 SE AIRPORT RD Address 1823 SE AIRPORT RD

City-State-Zip: STUART FL 34996 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: PAUL CHATEL DIRECTOR 10/12/2021