

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

Entity Name: LIBERATOR MEDICAL SUPPLY, INC.

Current Principal Place of Business:

2979 SE GRAN PARK WAY
STUART, FL 34997

Current Mailing Address:

P.O. BOX 446
STUART, FL 34995

FEI Number: 65-0936904

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LIBRATORE, MARK A
1823 SE AIRPORT RD
BLDG 30
STUART, FL 34996 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

Officer/Director Detail :

Title PDTS
Name LIBRATORE, MARK A
Address 2051 SE RIVERSIDE ROAD
City-State-Zip: STUART FL 34996

Title CFO
Name DAVIS, ROBERT J
Address 2979 SE GRAN PARK WAY
City-State-Zip: STUART FL 34997

Title COO
Name LEGER, JOHN
Address 2979 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: ROBERT J DAVIS

CFO

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date