2020 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

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 05/20/2020

Electronic Signature of Registered Agent

Date

FILED May 20, 2020

Secretary of State

6190507313CC

Officer/Director Detail:

Title DIRECTOR Title TREASURER

Name MOORE, TIMOTHY Name SANTA MARIA, DIANA
Address 2927 SE GRAN PARK WAY Address 2927 SE GRAN PARK WAY

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title PRESIDENT Title VICE PRESIDENT/DIRECTOR

Name CHATEL, PAUL Name ARAUJO, CLAUDIO

Address 2927 SE GRAN PARK WAY Address 2927 SE GRAN PARK WAY

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR Title SECRETARY

Name CHATEL, PAUL Name MOORE, TIMOTHY

Address 2927 SE GRAN PARK WAY Address 2927 SE GRAN PARK WAY

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR

Name SANTA MARIA, DIANA

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: TIMOTHY MOORE SECRETARY 05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date