

**2013 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**

**01/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date