

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000064372

**Entity Name:** LIBERATOR MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

1823 SE AIRPORT RD  
STUART, FL 34996

**Current Mailing Address:**

PO BOX 446  
STUART, FL 34995-0446 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**

**10/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ARAUJO FILHO, CLAUDIO  
Address 1823 SE AIRPORT RD  
City-State-Zip: STUART FL 34996

Title PRESIDENT  
Name ARAUJO FILHO, CLAUDIO  
Address 1823 SE AIRPORT RD  
City-State-Zip: STUART FL 34996

Title TREASURER  
Name READ, DANIEL  
Address 1823 SE AIRPORT RD  
City-State-Zip: STUART FL 34996

Title SECRETARY  
Name GALINIS, JAMIEBETH  
Address 1823 SE AIRPORT RD  
City-State-Zip: STUART FL 34996

Title VP  
Name EMERSON, ROBERT  
Address 1823 SE AIRPORT RD  
City-State-Zip: STUART FL 34996

Title OTHER, ASSISTANT GENERAL COUNSEL  
Name WALLS, JESSICA  
Address 1823 SE AIRPORT RD  
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: DANIEL READ**

**TREASURER**

**10/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date