

**2019 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**

**03/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, SECRETARY,  
                  TREASURER  
Name            CHATEL, PAUL  
Address         2927 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title            DIRECTOR, VP  
Name            MEE, DOUGLAS  
Address         2927 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title            DIRECTOR, PRESIDENT  
Name            SCHLENK, CHRISTOPHER  
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: PAUL CHATEL**

**SECRETARY**

**03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date