## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064372

Entity Name: LIBERATOR MEDICAL SUPPLY, INC.

**Current Principal Place of Business:** 

4330 SE FEDERAL HIGHWAY STUART, FL 34997

**Current Mailing Address:** 

4330 SE FEDERAL HIGHWAY STUART, FL 34997 US

FEI Number: 65-0936904 Certificate of Status Desired: No

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

FILED Mar 28, 2016

**Secretary of State** 

CC7785894842

Officer/Director Detail:

Title PRESIDENT Title SECRETARY, DIRECTOR

Name CURRY, PETER R. Name KHICHI, SAMRAT S.

Address 4330 SE FEDERAL HIGHWAY Address 4330 SE FEDERAL HIGHWAY

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

Title TREASURER Title DIRECTOR

Name LOWRY, SCOTT T. Name COLLINS, TIMOTHY P.

Address 4330 SE FEDERAL HIGHWAY Address 4330 SE FEDERAL HIGHWAY

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

Title DIRECTOR Title DIRECTOR

Name HOLLAND, CHRISTOPHER S. Name WEILAND, JOHN H.

Address 4330 SE FEDERAL HIGHWAY Address 4330 SE FEDERAL HIGHWAY

City-State-Zip: STUART FL 34997 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: SCOTT T. LOWRY TREASURER

Electronic Signature of Signing Officer/Director Detail

03/28/2016 Date