

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003182

Entity Name: LIBERATOR MEDICAL HOLDINGS, INC.

Current Principal Place of Business:

1823 SE AIRPORT RD.
STUART, FL 34996

FILED
Mar 14, 2024
Secretary of State
3784341178CC

Current Mailing Address:

1823 SE AIRPORT RD.
STUART, FL 34996 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title	VP	Title	VICE PRESIDENT & SECRETARY
Name	SEGRETO, ANTOINETTE	Name	DEFAZIO, GARY
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	ASSISTANT SECRETARY	Title	ASSISTANT TREASURER
Name	LASALA, JOSEPH	Name	FROST, LAURA
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	VP	Title	VP
Name	RITTMAN, SCOTT J.	Name	SPOEREL, THOMAS
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	VICE PRESIDENT & TREASURER	Title	PRESIDENT
Name	RODETIS, GREG	Name	STORY, BROOKE
Address	1823 SE AIRPORT RD.	Address	1823 SE AIRPORT RD.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

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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: GARY DEFAZIO

**VICE PRESIDENT &
SECRETARY**

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RAPPAPORT, ADAM
Address 1823 SE AIRPORT RD.
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name DEFAZIO, GARY
Address 1823 SE AIRPORT RD.
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name LASALA, JOSEPH
Address 1823 SE AIRPORT RD.
City-State-Zip: STUART FL 34996