

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003182

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

**Current Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**5338439553CC**

**Current Mailing Address:**

2979 SE GRAN PARK WAY  
STUART, FL 34997 US

**FEI Number: 87-0267292**

**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           DIRECTOR  
Name           BEDNO, REBECCA  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           VP  
Name           BODNER, CHARLES  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           PRESIDENT  
Name           CAMPION, SIMON  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           VP  
Name           CUETO, HERMAN VICTOR  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           VP, DIRECTOR  
Name           DEFAZIO, GARY  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           SECRETARY  
Name           DEFAZIO, GARY  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           VP, TREASURER  
Name           GALLAGHER, JOHN  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title           VP  
Name           KHICHI, SAMRAT S.  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

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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**

**SECRETARY**

**03/20/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LASALA, JOSEPH  
Address 2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title VP  
Name REIDY, CHRISTOPHER R.  
Address 2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

Title VP  
Name SEGRETO, ANTOINETTE  
Address 2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997