

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003182

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC5626002214**

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

**Current Principal Place of Business:**

2979 SE GRAN PARK WAY  
STUART, FL 34997

**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:**

LIBRATOR, MARK A  
2979 SE GRAN PARK WAY  
STUART, FL 34997 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            PRESIDENT  
Name            GROETELAARS, JOHN P.  
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            TREASURER  
Name            GALLAGHER, JOHN  
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            DIRECTOR  
Name            BEDNO, REBECCA  
Address        2979 SE GRAN PARK WAY  
City-State-Zip: STUART FL 34997

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

Title            DIRECTOR  
Name            LASALA, JOSEPH  
Address        2979 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: HERMAN VICTOR CUETO**

**VICE PRESIDENT**

**04/03/2018**

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

\_\_\_\_\_  
Date