2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# F03000001935

Entity Name: LIBERTY MEDICAL SUPPLY PHARMACY, INC.

Current Principal Place of Business:

10045 S. FEDERAL HWY.
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13077
FORT PIERCE, FL 34979

New Mailing Address:

10045 S. FEDERAL HWY.
PORT SAINT LUCIE, FL 34952 US

FEI Number: 74-3085949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MARK, ROBERT N
Address: 1976 NE RIVERCT
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: FARRELL, STEPHEN
Address: 8 MINUTE MAN LN
City-St-Zip: LEXINGTON, MA 02421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: JONE, KEITH
Address: 10045 S. FEDERAL HIGHWAY 1, STE. 100
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S/T (X) Change ( ) Addition
Name: STARR, JON
Address: 8881 LIBERTY LANE
City-St-Zip: PORT ST. LUCIE, FL 34592

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH JONES P/D 08/19/2008

Electronic Signature of Signing Officer or Director Date