2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 2012
Secretary of State

DOCUMENT# L72305

Entity Name: LIBERTY MEDICAL SUPPLY, INC.

Current Principal Place of Business:

10045 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

10045 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0193983 **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

OFFICERS AND DIRECTORS:

Title: DP/S
Name: HARVEY, FRANK
Address: 10045 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP/T
Name: MAFFEI, CHRIS
Address: 10045 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP
Name: RODRIGUEZ, ARLENE
Address: 10045 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: FRANK HARVEY DPS 07/09/2012

Electronic Signature of Signing Officer or Director Date