

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 016 ***150.00

DOCUMENT # F01000006313

1. Entity Name

ENCORE MEDICAL SYSTEMS, INC.



Principal Place of Business

937 LONGDALE AVE.
LONGWOOD FL 32750

Mailing Address

937 LONGDALE AVE.
LONGWOOD FL 32750

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
31-1810382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GUY-Y, JOHN R
937 LONGDALE AVE.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **VERN D. KORNELSEN**

Street Address (P.O. Box Number is Not Acceptable)

937 Longdale Ave

City **Longwood**

FL

Zip Code
32750

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **KORNELSEN, VERN D**
STREET ADDRESS **4605 DENICE DR.**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **D** ☐ Delete
NAME **SIECKE, DONALD E**
STREET ADDRESS **4605 DENICE DR.**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **President** ☐ Delete
NAME **Barry L. Bulakites**
STREET ADDRESS **937 Longdale Ave**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vern D. Kornelsen

4605 Denice Dr.

Englewood, CO 80111

2/20/04

Date

303 796 9192

Daytime Phone #