

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90391 012 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, CHESLEY
937 LONGDALE AVE.
LONGWOOD FL 32750

Name **John R. Guy**
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 **John R. Guy, General Manager** **4/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	KORNELSON, VERN D	
STREET ADDRESS	4605 DENICE DR.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIECKE, DONALD E	
STREET ADDRESS	4605 DENICE DR.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Vern D. Kornelsen**
4605 Denice Dr.
Englewood, CO 80111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 **303 796 9192**
Date Daytime Phone #

CR2E034 (10/02)