

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000006249**

1. Entity Name  
**ENCORE MEDICAL GP, INC.**



Principal Place of Business

**9800 METRIC BLVD.  
AUSTIN, TX 78758**

Mailing Address

**9800 METRIC BLVD.  
AUSTIN, TX 78758**



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3020852**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000167999  
07/23/04-80005-018 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	DAVIDSON, KENNETH W
STREET ADDRESS	9800 METRIC BLVD.
CITY-ST-ZIP	AUSTIN, TX 78758
TITLE	DVS
NAME	ZIMMERMAN, HARRY L
STREET ADDRESS	9800 METRIC BLVD.
CITY-ST-ZIP	AUSTIN, TX 78758
TITLE	DVT
NAME	FASKE, AUGUST
STREET ADDRESS	9800 METRIC BLVD.
CITY-ST-ZIP	AUSTIN, TX 78758
TITLE	P
NAME	CHAPMAN, PAUL
STREET ADDRESS	9800 METRIC BLVD.
CITY-ST-ZIP	AUSTIN, TX 78758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 907, 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

Date

**512 834-6208**

Daytime Phone #