

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLI 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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
DAVIDSON, KENNETH W
9800 METRIC BLVD.
AUSTIN, TX 78758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
ZIMMERMAN, HARRY L
9800 METRIC BLVD.
AUSTIN, TX 78758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
BURKE, WILLIAM W
9800 METRIC BLVD
AUSTIN, TX 78758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHAPMAN, PAUL
9800 METRIC BLVD.
AUSTIN, TX 78758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000440180
13/02/06-80030-024 500.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

Daytime Phone #

512-834-134