

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006249

FILED
Apr 30, 2009
Secretary of State

Entity Name: ENCORE MEDICAL GP, INC.

Current Principal Place of Business:

1430 DECISION ST
VISTA, CA 92081

New Principal Place of Business:

Current Mailing Address:

1430 DECISION ST
VISTA, CA 92081

New Mailing Address:

FEI Number: 74-3020852

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DAVIDSON, KENNETH W
Address: 9800 METRIC BLVD.
City-St-Zip: AUSTIN, TX 78758

Title: DVS () Delete
Name: ROBERTS, DONALD
Address: 1430 DECISION ST
City-St-Zip: VISTA, CA 92081

Title: DVT () Delete
Name: BURKE, WILLIAM W
Address: 9800 METRIC BLVD
City-St-Zip: AUSTIN, TX 78758

Title: P (X) Delete
Name: CHAPMAN, PAUL
Address: 9800 METRIC BLVD.
City-St-Zip: AUSTIN, TX 78758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CROSS, LES
Address: 1430 DECISION ST
City-St-Zip: VISTA, CA 92081

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: CAPPS, VICKIE
Address: 1430 DECISION ST
City-St-Zip: VISTA, CA 92081

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKKI STOKLOS

TAX

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date