

FO700000/302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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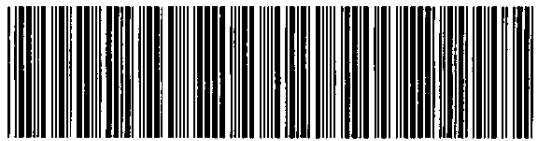
(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JUN 22 AM 11:37

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FILING TRANSMITTAL FORM

TO: Florida Secretary of State

FR: Gary Sherman

DATE: June 11, 2009

RE: EPMI, Inc.
Empicare, Inc.
Encore Medical, LP

PLEASE FILE THE ATTACHED

Change of Registered Agent

Check for the filing fee is enclosed

PLEASE OBTAIN THE FOLLOWING EVIDENCE: One filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:
Gary Sherman
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313

Thank you.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMPI, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F07000001302

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Sherman

(Name of Contact Person)

Continental Corporate Services, Inc.

(Firm/Company)

189 Franklin Avenue, Suite 1

(Address)

Nutley, NJ 07110

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Sherman

(Name of Contact Person)

at (800)

300-5067

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMPI, Inc. (Minnesota)
2. The principal office address: 1430 Decision Street
Vista, California 92081
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/7/2007 Document number: F07000001302

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331


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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Donald M. Roberts, Exec VP
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 6/11/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

GARY SHERMAN
(Typed or Printed Name)

ASST. SECRETARY * * FILING FEE: \$35.00 * * *