

# F95000001883

Buonanno, Bennett  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

681-9027  
(Phone #)

100001459521

-04/18/95--01082--018

\*\*\*\*\*8.75 \*\*\*\*\*8.75

OFFICE USE ONLY

100001459521

-04/18/95--01082--018

\*\*\*\*\*8.75 \*\*\*\*\*8.75

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Healthcare Acquisition Corp.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

4:15

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 18 PM 3:29

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. Healthcare Acquisition Corp.  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. March 21, 1995  
(Date of Incorporation)
4. Perpetual  
(Duration)
5. Applied for  
(Federal Employer Identification Number, if applicable)
6. March 22, 1995  
(Date first transacted business in Florida. See Sections 607.1501, 607.1502, and 817.155, F.S.)
7. 2365 N.W. 41st Street, Boca Raton, Florida 33431  
(Current mailing address)
8. Any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.  
(Corporate purpose and nature of business in which it is engaged in Florida)
9. Names and addresses of officers and or directors:

**A. Directors:**

Director: Jay Haft  
Address: 200 East Broward Boulevard  
Fort Lauderdale, Florida 33301

Director: John Abeles, M.D.  
Address: 2365 N.W. 41st Street  
Boca Raton, Florida 33431

Director: Robert Vukovich  
Address: 6 Industrial Way, West  
Eatontown, New Jersey 07724

Director: Joel Kanter  
Address: 8000 Towers Crescent Drive, Suite 170  
Vienna, Virginia 22182

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DIVISION OF CORRECTIONS  
95 APR 13 PM 3:29

**B. Officers:**

Chairman: Jay Haft

Address: 200 East Broward Boulevard  
Fort Lauderdale, Florida 33301

President: John Abeles, M.D.

Address: 2365 N.W. 41st Street  
Boca Raton, Florida 33431

Secretary: Jay Haft

Address: 200 East Broward Boulevard  
Fort Lauderdale, Florida 33301

Treasurer: John Abeles, M.D.

Address: 2365 N.W. 41st Street  
Boca Raton, Florida 33431

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DIVISION OF CORPORATIONS  
95 APR 18 PM 3:29

(If needed, you may attach an addendum to the application listing additional officers and/or directors).

**10. Name and Street address of Florida registered agent:**

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road Suite 200  
Plantation, Florida 33324

Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

Registered agent's signature: \_\_\_\_\_

Connie Bryan  
CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

**12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**13. \_\_\_\_\_**  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

**14. Jay Haft, Chairman**  
(Name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE ACQUISITION CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 18 PM 3:29



*Edward J. Freel*

Edward J. Freel, Secretary of State

2487655 8300

950065135

AUTHENTICATION:

7449917

DATE:

03-24-95

F95000001883

**encore**  
orthopedics®

9800 METRIC BOULEVARD  
AUSTIN, TEXAS 78758  
512-832-8300  
FAX 834-8300

August 29, 1997

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

Re: Encore Medical Corporation


200002282522--6  
-03/02/97--01104--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir or Madame:

I have enclosed the completed and executed Withdrawal of Authority of a Foreign Corporation. Also enclosed is the withdrawal fee in the amount of \$35.00.

Please give me a call if you have any questions or concerns. Thank you for your prompt attention to this matter.

Sincerely,

  
Harry L. Zimmerman  
Vice President  
Legal Affairs and Investor Relations

HLZ/dma  
Enclosures

FILED  
97 SEP -2 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Devore Ashford authorized  
to correct name to  
Healthcare Acquisition Corp.*

*Withdrawal  
NFB  
9-10-97*

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

HEALTHCARE ACQUISITION CORP.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

FILED  
97 SEP -2 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

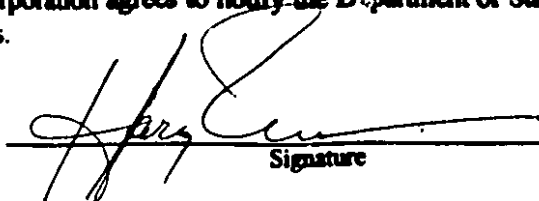
9800 Metric Blvd.

(Mailing Address)

Austin, Texas 78758

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 Vice President Legal Affairs  
Signature Title

Harry L. Zimmerman

Typed or printed name

8/26/97  
Date