

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030197

FILED
Apr 17, 2004
Secretary of State

Entity Name: ENCORE MEDICAL GROUP, INC.

Current Principal Place of Business:

POST OFFICE BOX 670861
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 670861
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1089123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATKIN, SHELDON T
9900 W. SAMPLE ROAD
SUITE 400
CORAL SPRINGS, FL 33065 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: DR () Delete
Name: HOFFER, BRET P D.C.
Address: 5741 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: HOFFER, BRET P D.C.
Address: P.O. BOX 670861
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. BRET P. HOFFER

PRES

04/17/2004

Electronic Signature of Signing Officer or Director

Date