

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030197

Entity Name: ENCORE MEDICAL GROUP, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 670861  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

6056 NW 40TH ST  
CORAL SPRINGS, FL 33067

## 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: P.O. BOX 670861  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

PRES

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date