

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000030197

**Entity Name:** ENCORE MEDICAL GROUP, INC.

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6056 NW 40TH ST  
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:**

HOFFER, BRET P  
6056 NW 40TH STREET  
CORAL SPRINGS, FL 33067 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

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** HOFFER, BRET P D.C.  
**Address:** P.O. BOX 670861  
**City-St-Zip:** CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

**SIGNATURE:** BRET P. HOFFER

PRES

02/07/2011

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

\_\_\_\_\_  
Date