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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079642

1. Corporation Name
ENCORE MEDICAL, INC.

Principal Place of Business	Mailing Address
5307 Great Oak Dr. Lakeland, FL 33815	P.O. Box 2337 Plant City, FL 33564-2337

2. Principal Place of Business 21 5307 GREAT OAK DR	2a. Mailing Address 26 P.O. Box 2337	3. Date Incorporated or Qualified 10-31-94	3a. Date of Last Report 6/96
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3321610	☐ Applied For ☐ Not Applicable
City & State 23 LAKELAND, FL	City & State 28 PLANT CITY, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33815 / 25 USA	Zip / Country 29 33564-2337 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

MASEK, CHARLES A. JR
3108 BRUTON RD.
PLANT CITY, FL 33565

10. Name and Address of New Registered Agent

81 Name: MASEK, CHARLES A, JR
82 Street Address (P.O. Box Number is Not Acceptable): 3108 BRUTON RD
83
84 City: PLANT CITY FL 85 Zip Code: 33565

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: CHARLES A. MASEK, JR — 4-4-97
(Signature required when reinstating) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNE, KEVIN 1030 LAKE HOLLINGSWORTH DR LAKELAND, FL 33803 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT + D MASEK, CHARLES A JR 3108 BRUTON RD PLANT CITY, FL 33565 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS BROWNE 6066 SANDPIPER PL LAKELAND, FL 33809 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT + D FRIBEY, BILL 2902 PARK COURT SANFORD, FL 32773 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT SCRIBNER 5589 ARAPAHOE #207 BOULDER, CO 80303 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNER, SANDY 2103 RANEY RD LAKELAND, FL 33803 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, JOE 5410 SOUTH FLORIDA AVE. LAKELAND, FL 33813 ☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 000002155330 -04/25/97--01062--052 ***165.00

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/4/97 941-613-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #