04251999-90006-001-$300.00-$150.00

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Secretary of State
04-25-1999 90006 001 ***300.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079642

1. Corporation Name
ENCORE MEDICAL, INC.

Principal Place of Business
5307 GREAT OAK DR
LAKELAND FL 33815

Mailing Address
P.O. BOX 2337
PLANT CITY FL 33564-2337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/31/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 County 25

Zip 29 Country 30

4. FEI Number
59-3321610
Applied For ☐ Not Applicable ☐

5. *Certificate of Status Desired* ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MASEK, CHARLES A JR	1.2 NAME	SHAW, JERRY
STREET ADDRESS	3108 BRUTON RD	1.3 STREET ADDRESS	2400 Bedford Road
CITY-ST-ZIP	PLANT CITY FL 33565	1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VPD ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	FRIBEY, BILL	2.2 NAME	Solar, Eddie
STREET ADDRESS	2902 PARK COURT	2.3 STREET ADDRESS	601 E. Rollins Street
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BROWNE, KEVIN F	3.2 NAME	Galloway, David
STREET ADDRESS	1030 LAKE HOLLINGSWORTH DR.	3.3 STREET ADDRESS	506 N. Alexander Po Box 848
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Plant City, FL 33564
TITLE	D ☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	BRENNER, SANDY	4.2 NAME	Wiles, Ken
STREET ADDRESS	2103 REANEY ROAD	4.3 STREET ADDRESS	3618 Midway Road
CITY-ST-ZIP	LAKELAND FL 33803	4.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, JERRY	5.2 NAME	
STREET ADDRESS	601 E. Rollins St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32803	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Charles A. Masek Jr. 4/8/99 941 683 8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #