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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	*Mailing Address*
5307 GREAT OAK DR LAKELAND FL 33815	P.O. BOX 2337 PLANT CITY FL 33564-2337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 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 #