2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P94000079642

Entity Name: ENCORE MEDICAL, INC.

Current Principal Place of Business:

5307 GREAT OAK DR
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

5307 GREAT OAK DR
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 59-3321610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASEK, JR, CHARLES A
3108 BRUTON RD
PLANT CITY, FL 33565 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: CHARLES A. MASEK, JR.
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MASEK, JR, CHARLES A
Address: 3108 BRUTON RD
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete
Name: OWEN, TERRY
Address: 601 E. ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: DAMICO, JOE
Address: 272 E. DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete
Name: MCGINLEY, JACK
Address: 272 E. DEERPATH RD., STE 350
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete
Name: STACK, TIM
Address: 151 S. ROSE ST, STE 600
City-St-Zip: KALAMAZOO, MI 49007

Title: D ( ) Delete
Name: CARI, JR, JOSEPH
Address: 3500 THREE FIRST NATIONAL PLAZA
City-St-Zip: CHICAGO, IL 606024283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Section 119.07(3)(i), 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: CHARLES A. MASEK, JR. PD 10/05/2005
Electronic Signature of Signing Officer or Director Date