Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

Please file Simultaneously Thank you

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

ENCORE MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,350.00

RE-SUBMIT
Please retain original filing date of submission 11/18

FILED

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2011 NOV 18 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000079642

1. Corporation Name

Encore Medical, Inc.

REINSTATEMENT 07-11

CR2E031 (01/10).

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5307 Great Oak Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State
Zip: 33815 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: October 31, 1994

5. FEI Number: 59-3321610 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

$9 11/22

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Katie Szrumek Assistant Secretary C T Corporation System Date: November 18, 2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Brian White	10232 S. 51st St.	Phoenix, AZ 850044
D	Tony McKinney	2825 Airview Blvd.	Kalamazoo, MI 49002
D	Timothy Scannell	2 Pearl Court	Allendale, NJ 07401
VP/T	Jeanne Blondia	2825 Airview Blvd.	Kalamazoo, MI 49002
VP/CFO	Timothy Einwechter	10232 S 51st St.	Phoenix, AZ 05044
VP/S	Dean Bergy	2825 Airview Blvd.	Kalamazoo, MI 49002

10. E-mail Address: sara.southard@stryker.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeanne M. Blondia November, 2011 269-389-7514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 6/1/2011 CT System Online