

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004388

Entity Name: ENCORE MEDICAL GP, LLC**Current Principal Place of Business:**1430 DECISION STREET
VISTA, CA 92081**Current Mailing Address:**1430 DECISION STREET
VISTA, CA 92081 US**FEI Number:** 74-3020852**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name DODSON, DENISE BROWN
Address 2711 CENTERVILLE ROAD, SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title ASSISTANT SECRETARY
Name HANIGAN, BRIAN PATRICK
Address 2711 CENTERVILLE ROAD, SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title VP
Name HANIGAN, BRIAN PATRICK
Address 2711 CENTERVILLE ROAD, SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title VP
Name MARTINEZ, JOSEPH GRANT
Address 1430 DECISION STREET
City-State-Zip: VISTA CA 92081

Title DIRECTOR
Name TANDY, BRADLEY JOE
Address 2711 CENTERVILLE ROAD
SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title VP
Name BERRY, PHILLIP BENJAMIN
Address 2900 LAKE VISTA DRIVE
SUITE 200
City-State-Zip: LEWISVILLE TX 75067

Title VP
Name TANDY, BRADLEY JOE
Address 2711 CENTERVILLE ROAD
SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title SECRETARY
Name TANDY, BRADLEY JOE
Address 2711 CENTERVILLE ROAD
SUITE 400
City-State-Zip: WILMINGTON DE 19808

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CHRISTOPHER HIX**DIRECTOR****03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name DE CARVALHO, CARLOS EDUARDO
Address 2711 CENTERVILLE ROAD
SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title PRESIDENT
Name HIX, CHRISTOPHER MICHAEL
Address 2711 CENTERVILLE ROAD,
SUITE 400,
City-State-Zip: WILMINGTON DE 19808

Title DIRECTOR
Name HIX, CHRISTOPHER MICHAEL
Address 2711 CENTERVILLE ROAD,
SUITE 400,
City-State-Zip: WILMINGTON DE 19808

Title TREASURER
Name DE CARVALHO, CARLOS EDUARDO
Address 2711 CENTERVILLE ROAD
SUITE 400
City-State-Zip: WILMINGTON DE 19808

Title VP
Name PRYOR, DANIEL ALEXIS
Address 420 NATIONAL BUSINESS PARKWAY
5TH FLOOR
City-State-Zip: ANNAPOLIS JUNCTION MD 20701

Title DIRECTOR
Name PRYOR, DANIEL ALEXIS
Address 420 NATIONAL BUSINESS PARKWAY
5TH FLOOR
City-State-Zip: ANNAPOLIS JUNCTION MD 20701