

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90104 038 ***550.00

DOCUMENT # F93000000173

1. Entity Name

HANGER PROSTHETICS & ORTHOTICS EAST, INC.

Principal Place of Business

1016 NINTH AVENUE
 KING OF PRUSSIA PA

Mailing Address

C/O NOVA CARE INC. ATTN: C. KUCH
 1016 NINTH AVE
 KING OF PRUSSIA PA
 US

2. Principal Place of Business

2 Bethesda Metro Center

3. Mailing Address

2 Bethesda Metro Center

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Bethesda MD

City & State

Bethesda MD

4. FEI Number

23-2582601

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DVP | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, BARRY | |
| STREET ADDRESS | 1016 W 9TH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HISCOCK, RONALD G | |
| STREET ADDRESS | 1016 W 9TH AVE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | BINSTEIN, RICHARD | |
| STREET ADDRESS | 1016 W NINTH AVE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | DV | Delete |
| NAME | TAYLOR, RICHMOND | |
| STREET ADDRESS | 1016 W NINTH AVE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | MAYERS, ANDREW | |
| STREET ADDRESS | 1016 W. NINTH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | CAMPBELL, PETE | |
| STREET ADDRESS | 1016 W 9TH AVE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sabel, Ivan | |
| STREET ADDRESS | 2 Bethesda Metro Center Suite 1200 | |
| CITY-ST-ZIP | Bethesda MD 20814 | |
| TITLE | VTSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stein, Richard | |
| STREET ADDRESS | 2 Bethesda Metro Center Suite 1200 | |
| CITY-ST-ZIP | Bethesda MD 20814 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4155 East La Palma Ave suite B400 | |
| CITY-ST-ZIP | Anaheim CA 92807 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Richard Stein

8/11/00

301-986-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)