

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000173

FILED
Apr 16, 2009
Secretary of State

Entity Name: HANGER PROSTHETICS & ORTHOTICS EAST, INC.

Current Principal Place of Business:

2 BETHESDA METRO CENTER
SUITE 1200
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

2 BETHESDA METRO CENTER
SUITE 1200
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 23-2582601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SABEL, IVAN
Address: 2 BETHESDA METRO CENTER, STE 1200
City-St-Zip: BETHESDA, MD 20814

Title: VP () Delete
Name: KIRK, THOMAS F
Address: 2 BETHESDA METRO CENTER, STE 1200
City-St-Zip: BETHESDA, MD 20814

Title: T () Delete
Name: MCHENRY, GEORGE E
Address: 2 BETHESDA METRO CENTER, STE 1200
City-St-Zip: BETHESDA, MD 20814

Title: S () Delete
Name: AMBROSE, PHILLIPS
Address: 2 BETHESDA METRO CENTER SUITE 1200
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SABEL, IVAN
Address: 2 BETHESDA METRO CENTER, STE 1200
City-St-Zip: BETHESDA, MD 20814

Title: P (X) Change () Addition
Name: KIRK, THOMAS F
Address: 2 BETHESDA METRO CENTER, STE 1200
City-St-Zip: BETHESDA, MD 20814

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 exemption stated in Chapter 119, 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: AMBROSE PHILLIPS

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04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date