03-12-2008 90020 043 ***150.00
G75681

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G75681

1. Entity Name
ORTHOTIC-PROSTHETIC CENTER, INC.

Principal Place of Business	Mailing Address
TWO BETHESDA METRO CENTER #1200 BETHESDA, MD 20814	TWO BETHESDA METRO CENTER #1200 BETHESDA, MD 20814

01042008 Chg-P CR2E034 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2717 MANATEE AVE W.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State
Zip: 34205 Country	Zip Country

4. FEI Number: 59-2350208 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, CHARLES D.		NAME	
STREET ADDRESS	2717-A MANATEE AVE W.		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	
TITLE	VSD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, BRENDA J.		NAME	
STREET ADDRESS	2717-A MANATEE AVE W.		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ambrose Phillips 3/5/08 301-280-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
400431561
#G75681

Hanger Prosthetics & Orthotics, Inc.
Annual Report - Orthotics-Prosthetics Center, Inc. #G75681
List of Officers
2008

Title	Name	Address
Chairman	Ivan R. Sabel*	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
President	Richmond L. Taylor	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Vice President	Thomas F. Kirk	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Vice President	Brian Wheeler	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Treasurer	George E. McHenry*	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Assistant Treasurer	Hai Tran	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Secretary	George E. McHenry*	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Assistant Secretary	Hai Tran	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Assistant Secretary	Thomas C. Hofmeister	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Assistant Secretary	Ambrose Phillips	Two Bethesda Metro Center, #1200 Bethesda, MD 20814
Assistant Secretary	Michael L. Schlesinger	Two Bethesda Metro Center, #1200 Bethesda, MD 20814

*Directors