SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00214 **(7)**

1. Corporation Name
~~J.E. HANGER, INC., OF GEORGIA~~
Southern Prosthetic Suppy

Principal Place of Business	Mailing Address
5010 MCGINNIS FERRY RD. P.O. BOX 406 ALPHARETTA GA 30202-3919	5010 MCGINNIS FERRY RD. P.O. BOX 406 ALPHARETTA GA 30239 US

600002273046
-08/20/97--01117--029
***550.00 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~12/09/1983~~ 9/17/17 — 3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: 7700 old Georgetown Rd
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 2nd Floor
City & State — 23
City & State — 28: Bethesda, MD
Zip — 24 — Country — 25
Zip — 29: 20814 — Country — 30: Montgomery

4. FEI Number: ~~59-0276760~~ 52-1770022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	PC	☐ Change ☒ Addition
NAME	~~THRANHARDT, H. E.~~		1.2 NAME	IVAN R. SABEL, CPO	
STREET ADDRESS	5010 MCGINNIS FERRY RD		1.3 STREET ADDRESS	7700 Old Georgetown Road, 2nd Floor	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	SDV	☒ DELETE	2.1 TITLE	VTG	☐ Change ☒ Addition
NAME	TIDWELL, A. G.		2.2 NAME	Richard A. Stein, CPA	
STREET ADDRESS	5010 MCGINNIS FERRY RD		2.3 STREET ADDRESS	7700 Old Georgetown Road, 2nd Floor	
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCKEEVER, D.A.		3.2 NAME	Mitchell J. Blutt	
STREET ADDRESS	5010 MCGINNIS FERRY RD		3.3 STREET ADDRESS	270 Park Ave., 5th Floor	
CITY-ST-ZIP	ALPHARETTA GA		3.4 CITY-ST-ZIP	New York, NY 10017	
TITLE	VPD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MCNEILL, J. D.		4.2 NAME	Thomas P. Cooper	
STREET ADDRESS	5010 MCGINNIS FERRY RD		4.3 STREET ADDRESS	7855 Ivanhoe Ave., Ste 200	
CITY-ST-ZIP	ALPHARETTA GA		4.4 CITY-ST-ZIP	La Jolla, CA 92037	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCKEEVER, D.A. JR.		5.2 NAME	Robert Glaser, MD	
STREET ADDRESS	5010 MCGINNIS FERRY RD		5.3 STREET ADDRESS	525 Middlefield Road, Ste 130	
CITY-ST-ZIP	ALPHARETTA GA		5.4 CITY-ST-ZIP	Menlo Park, CA 94025	
TITLE	CFO	☒ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME	SCHLESINGER, M. L.		6.2 NAME	James G. Hellmuth	
STREET ADDRESS	5010 MCGINNIS FERRY RD		6.3 STREET ADDRESS	Park Avenue, 5th Floor	
CITY-ST-ZIP	ALPHARETTA GA		6.4 CITY-ST-ZIP	New York, NY 10017	

pc 8.19

CR2E034 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 8/11/97 (301)986-0701