

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P00214 (7)

1. Corporation Name

SOUTHERN PROSTHETIC SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1983

4. FEI Number

52-1770022 98-0276760

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PC
SABEL, IVAN R CPO
7700 OLD GEORGETOWN ROAD, 2ND FLOOR
BETHESDA MD 20814

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTS
STEIN, RICHARD A CPA
7700 OLD GEORGETOWN ROAD, 2ND FLOOR
BETHESDA MD 20814

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BLUTT, MITCHELL J
270 PARK AVE., 5TH FLOOR
NEW YORK NY 10017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
COOPER, THOMAS P
7855 IVANHOE AVE., SUITE 200
LA JOLLA CA 92037

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GLASER, ROBERT MD
525 MIDDLEFIELD ROAD, SUITE 130
MENLO PARK CA 94025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
HELLMUTH, JAMES G
PARK AVENUE, 5TH FLOOR
NEW YORK NY 10017

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P/D

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

S

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

380 Madison Ave, 12th FL
New York, NY 10017-2070

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

380 Madison Ave, 12th FL
New York, NY 10017-2070

Change

Addition

14. 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 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

1/8/98

(301) 986-0701

CR2E034 (10/97)