

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90074 047 ***158.75

DOCUMENT # P00214

1. Corporation Name

SOUTHERN PROSTHETIC SUPPLY, INC.

Principal Place of Business

5010 MCGINNIS FERRY RD.
P.O. BOX 406
ALPHARETTA GA 30202-3919

Mailing Address

7700 OLD GEORGETOWN RD.
2ND FLOOR
BETHESDA MD 20814
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1983

4. FEI Number

58-0276760

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 the current year Intangible
Personal Property Tax.



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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SABEL, IVAN R CPO	
STREET ADDRESS	7700 OLD GEORGETOWN ROAD, 2ND FLOOR	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEIN, RICHARD A CPA	
STREET ADDRESS	7700 OLD GEORGETOWN ROAD, 2ND FLOOR	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUTT, MITCHELL J	
STREET ADDRESS	380 MADISON AVE, 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, THOMAS P	
STREET ADDRESS	7855 IVANHOE AVE., SUITE 200	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, ROBERT MD	
STREET ADDRESS	525 MIDDLEFIELD ROAD, SUITE 130	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HELLMUTH, JAMES G	
STREET ADDRESS	380 MADISON AVE, 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/25/99

(301) 986-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A STEIN

Date

Daytime Phone #

CR2E034 (11/98)