

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00214

1. Entity Name

SOUTHERN PROSTHETIC SUPPLY, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90013 042 \*\*\*550.00

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

2. Principal Place of Business

3. Mailing Address

2 Bethesda Metro Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1200

City & State

City & State  
Bethesda MD

4. FEI Number

58-0276760

Applied For

Not Applicable

Zip

Country

Zip

20814

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SABEL, IVAN R CPO  
STREET ADDRESS 7700 OLD GEORGETOWN ROAD, 2ND FLOOR  
CITY-ST-ZIP BETHESDA MD 20814 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2 Bethesda Metro Center, Suite 1200  
CITY-ST-ZIP Bethesda MD 20814

TITLE S  
NAME STEIN, RICHARD A CPA  
STREET ADDRESS 7700 OLD GEORGETOWN ROAD, 2ND FLOOR  
CITY-ST-ZIP BETHESDA MD 20814 ☐ Delete

TITLE S T  
NAME  
STREET ADDRESS 2 Bethesda Metro Center, Suite 1200  
CITY-ST-ZIP Bethesda MD 20814 ☒ Change ☐ Addition

TITLE D  
NAME BLUTT, MITCHELL J  
STREET ADDRESS 380 MADISON AVE, 12TH FL  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME COOPER, THOMAS P  
STREET ADDRESS 7855 IVANHOE AVE., SUITE 200  
CITY-ST-ZIP LA JOLLA CA 92037 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GLASER, ROBERT MD  
STREET ADDRESS 525 MIDDLEFIELD ROAD, SUITE 130  
CITY-ST-ZIP MENLO PARK CA 94025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME HELLMUTH, JAMES G  
STREET ADDRESS 380 MADISON AVE, 12TH FL  
CITY-ST-ZIP NEW YORK NY 10017 ☒ Delete

TITLE P  
NAME Ron May  
STREET ADDRESS 5010 McGinnis-Ferry Rd  
CITY-ST-ZIP Alpharetta GA 30005 ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

301-986-0701

Daytime Phone #

CR 1034 (3/00)