

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00214

1. Entity Name

SOUTHERN PROSTHETIC SUPPLY, INC.

Principal Place of Business

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

Mailing Address

2 BETHESDA METRO CENTER
STE 1200
BETHESDA MD 20814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-0276760

Applied For

Not Applicable

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME SABEL, IVAN R CPO
STREET ADDRESS 7700 OLD GEORGETOWN ROAD, 2ND FLOOR
CITY-ST-ZIP BETHESDA MD 20814

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 BETHESDA METRO CTR., STE. 1200
CITY-ST-ZIP BETHESDA, MD 20814

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

TITLE VTS ☐ Change ☒ Addition
NAME Denene Butler
STREET ADDRESS 2 Bethesda Metro Ctr Ste 1200
CITY-ST-ZIP Bethesda MD 20814

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

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

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

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

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

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

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

TITLE P ☐ Change ☒ Addition
NAME RONALD MAY
STREET ADDRESS 2 BETHESDA METRO CTR STE. #1200
CITY-ST-ZIP BETHESDA, MD 20814

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denene Butler

4/5/01

Date

301-280-4686

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE