

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90006 032 ***158.75

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
**6025 Shiloh Road
 Suite, Apt. #, etc.
 Ste A PO Box 406**

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Alpharetta GA

City & State

Zip
30005 Country
USA

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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SABEL, IVAN R CPO**
 STREET ADDRESS **2 BETHESDA METRO CENTER #1200**
 CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **VTS** ☒ Delete
 NAME **BUTLER, DENEONE**
 STREET ADDRESS **2 BETHESDA METRO CENTER #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 **D** ☒ Delete
 NAME **COOPER, THOMAS P**
 STREET ADDRESS **7855 IVANHOE AVE., SUITE 200**
 CITY-ST-ZIP **LA JOLLA CA 92037**

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

TITLE **P** ☐ Delete
 NAME **MAY, RONALD**
 STREET ADDRESS **2 BETHESDA METRO CENTER #1200**
 CITY-ST-ZIP **BETHESDA MD 20814**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **VP, SEC, TNGS, Dir.**
 STREET ADDRESS **Glenn M. Wherman**
 CITY-ST-ZIP **2 Bethesda Metro Center #1200
 Bethesda, MD 20814**

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

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

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

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

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:

Glenn M. Wherman

4/22/02

(301) 280-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)