
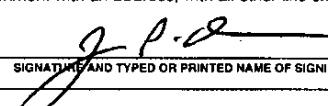


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90090 035 ***158.75

DOCUMENT # P00214 1. Entity Name SOUTHERN PROSTHETIC SUPPLY, INC.					
Principal Place of Business 6025 SHILOH RD STE A P O BOX 406 ALPHARETTA, GA 30005			Mailing Address 2 BETHESDA METRO CENTER STE 1200 BETHESDA, MD 20814 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-0276760	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SABEL, IVAN R 2 BETHESDA METRO CENTER #1200 BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOHRMANN, GLENN M 2 BETHESDA METRO CENTER #1200 BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET CITY-ST	Jason P. Owen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Two Bethesda Metro Center #1200 Bethesda, MD 20814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MAY, RONALD 6025 SHILOH RD., STE A ALPHARETTA, GA 30005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCHENRY, GEORGE E 2 BETHESDA METRO CENTER #1210 BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRK, THOMAS F 2 BETHESDA METRO CENTER #1210 BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/12/05 (301) 986-0701		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		