2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P00214

Entity Name: SOUTHERN PROSTHETIC SUPPLY, INC.

Current Principal Place of Business:

6025 SHILOH RD
STE A
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

2 BETHESDA METRO CENTER
STE 1200
BETHESDA, MD 20814 US

New Mailing Address:

FEI Number: 58-0276760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SABEL, IVAN R
Address: 2 BETHESDA METRO CENTER #1200
City-St-Zip: BETHESDA, MD 20814

Title: PCOO ( ) Delete
Name: MAY, RONALD
Address: 6025 SHILOH RD., STE A
City-St-Zip: ALPHARETTA, GA 30005

Title: T ( ) Delete
Name: MCHENRY, GEORGE E
Address: 2 BETHESDA METRO CENTER #1200
City-St-Zip: BETHESDA, MD 20814

Title: VP ( ) Delete
Name: KIRK, THOMAS F
Address: 2 BETHESDA METRO CENTER #1200
City-St-Zip: BETHESDA, MD 20814

Title: AS ( ) Delete
Name: PHILLIPS, AMBROSE
Address: 2 BETHESDA METRO CTR., STE. 1200
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change ( ) Addition
Name: KIRK, THOMAS F
Address: 2 BETHESDA METRO CENTER #1200
City-St-Zip: BETHESDA, MD 20814

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBROSE PHILLIPS AS 04/16/2009

Electronic Signature of Signing Officer or Director — Date