2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00214

FILED Jan 11, 2012 Secretary of State

Entity Name: SOUTHERN PROSTHETIC SUPPLY, INC.

Current Principal Place of Business: New Principal Place of Business:

6025 SHILOH RD

STE A

ALPHARETTA, GA 30005

Current Mailing Address: New Mailing Address:

10910 DOMAIN DR., STE 300 AUSTIN, TX 78758 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

OFFICERS AND DIRECTORS:

Title: AS

Name: MESTIER, LOUIS J

Address: 10910 DOMAIN DR., STE 300 City-St-Zip: AUSTIN, TX 78758 US

Title: F

Name: MAY, RONALD N

Address: 6025 SHILOH RD., STE A
City-St-Zip: ALPHARETTA, GA 30005 US

Title: STD

 Name:
 MCHENRY, GEORGE E

 Address:
 10910 DOMAIN DR., STE 300

 City-St-Zip:
 AUSTIN, TX 78758 US

Title: DCEO

Name: KIRK, THOMAS F

Address: 10910 DOMAIN DR., STE 300 City-St-Zip: AUSTIN, TX 78758 US

Title: AS

 Name:
 HOFMEISTER, THOMAS C

 Address:
 10910 DOMAIN DR., STE 300

 City-St-Zip:
 AUSTIN, TX 78758 US

Title: AS

 Name:
 HARTMAN, THOMAS E

 Address:
 10910 DOMAIN DR., STE 300

 City-St-Zip:
 AUSTIN, TX 78758 US

I hereby 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 all other like empowered.

SIGNATURE: LOUIS J MESTIER AS 01/11/2012