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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P98000107467

1. Corporation Name
Clinical Products, Incorporated

2. Principal Office Address	3. Mailing Office Address
2525 West End Avenue	2525 West End Avenue
Suite, Apt. #, etc. Suite 945	Suite, Apt. #, etc. Suite 945
City & State Nashville, TN	City & State Nashville, TN
Zip 37203 / Country USA	Zip 37203 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/29/1998

5. FEI Number 65-0883261 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Gary I. Teblum
Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard
Suite, Apt. #, Etc.: Suite 2700
City: Tampa State: FL Zip Code: 33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 4/22/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T/S/D	Joseph C. Cook, Jr.	2525 West End Ave., Suite 945	Nashville, TN 37203
P/D	Vaughn D. Bryson	800 Pembroke Court	Vero Beach, FL 32963
D	Roy M. Barbee	2405 S. Miami Avenue	Miami, FL 33129

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Joseph C Cook JOSEPH C COOK, JR. 4/20/04 (615) 321-4900X13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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BB

TOTAL P.02

Florida Department of State

Division of Corporations
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From:
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Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

JTM 98-4141

CORPORATION REINSTATEMENT

CLINICAL PRODUCTS, INCORPORATED

Certificate of Status	0
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