

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000003574

1. Entity Name  
AMERICAN CLINICAL RESOURCES, INC.



FILED

07 MAY 22 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12647 OLIVE BLVD.  
ST. LOUIS, MO 63141

Mailing Address  
12647 OLIVE BLVD.  
ST. LOUIS, MO 63141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
43-1926519

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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.

Sarah K. Drake  
as its agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME ABRAMOWSKI, ROBERT  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☒ Delete

TITLE VS  
NAME Cathy L. Vivirito  
STREET ADDRESS 12647 Olive Blvd.  
CITY-ST-ZIP St. Louis, MO 63141 ☐ Change ☒ Addition

TITLE DV  
NAME MASSINGALE, H. LYNN  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Delete

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

TITLE VD  
NAME JOYNER, ROBERT C ESQ  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Delete

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

TITLE VS  
NAME SHERLIN, STEPHEN  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☒ Delete

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

TITLE VT  
NAME JONES, DAVID  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Delete

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

TITLE AS  
NAME STAIR, JOHN  
STREET ADDRESS 1900 WINSTON ROAD, SUITE 300  
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 911742 7182683

AUTHORIZATION :

COST LIMIT : \$ 300.00

ORDER DATE : May 22, 2007

ORDER TIME : 11:07 AM

ORDER NO. : 911742-005

CUSTOMER NO: 7182683

REINSTATEMENT

NAME: AMERICAN CLINICAL RESOURCES,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 MAY 22 PM 12:49  
FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING