

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003574

FILED
Apr 14, 2009
Secretary of State

Entity Name: AMERICAN CLINICAL RESOURCES, INC.

Current Principal Place of Business:

12647 OLIVE BLVD.
ST. LOUIS, MO 63141

New Principal Place of Business:

12647 OLIVE BLVD., SUITE 600
ST. LOUIS, MO 63141

Current Mailing Address:

12647 OLIVE BLVD.
ST. LOUIS, MO 63141

New Mailing Address:

1900 WINSTON ROAD, SUITE 300
ATTN: LEGAL
KNOXVILLE, TN 37919

FEI Number: 43-1926519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: VS () Delete
Name: VIVIRITO, CATHY ;
Address: 12647 OLIVE BLVD.
City-St-Zip: ST. LOUIS, MO 63141

Title: DV () Delete
Name: MASSINGALE, H. LYNN
Address: 1900 WINSTON RD
City-St-Zip: KNOXVILLE, TN 37919

Title: VD () Delete
Name: JOYNER, ROBERT C ESQ
Address: 1900 WINSTON RD
City-St-Zip: KNOXVILLE, TN 37919

Title: VT () Delete
Name: JONES, DAVID
Address: 1900 WINSTON RD
City-St-Zip: KNOXVILLE, TN 37919

Title: AS () Delete
Name: STAIR, JOHN
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRACY, GEORGE ;
Address: 12647 OLIVE BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63141

Title: DV (X) Change () Addition
Name: MASSINGALE, H. LYNN
Address: 1900 WINSTON RD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: VD (X) Change () Addition
Name: ALLEN, HEIDI S ESQ
Address: 1900 WINSTON RD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

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

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: JOHN STAIR

AS

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date