F04600000630

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	,	

Office Use Only



700128288547

Change



200 MAY 12 PM 2: 11

FOR



N SERVICE COMPANY			
ACCO	UNT NO.	: 072	10000032
RE	FERENCE	: 557	874 7622321
AUTHOR	IZATION	. d	grebble nan
cos	T LIMIT	; \$ 3 	5.00
ORDER DATE : May 5, 2	008		
ORDER TIME : 10:08 AM			
ORDER NO. : 557874-0	80		
CUSTOMER NO: 76223	21		
CHA	NGE OF AGI	ENT	
NAME: COOK	MEDIČAI, TI	ALOB DO	PATED
Will.	ALDICAL II	veori o	WII II D
PLEASE RETURN THE FOLL	OWING AS I	PROOF	OF FILING:
CERTIFIED COPY			
XX PLAIN STAMPED			
CONTACT PERSON: Heath	er Chapmar	n	
	EXA	MINER'	S INITIALS:

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana 'in order' to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: COOK MEDICAL INCORPORATED
2. The principal office address: 1025 West Acuff Road, Bloomington, IN 47404
3. The mailing address (if different):P O Box 1608, Bloomington, IN 47402
4. Date of incorporation/qualification: 02/03/2004 Document number: F0400000630
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company
Corporation Service Company By: Weble R James (Date) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Michelle R. Vannoy, Asst. V.P. (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *