

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000138291

**FILED**  
**May 08, 2008**  
**Secretary of State****Entity Name:** CUSTOM MEDICAL PRODUCTS, INC.**Current Principal Place of Business:**ONE EXPRESS WAY  
ST. LOUIS, MO 63121**New Principal Place of Business:**3909 E. SEMORAN BLVD.  
BUILDING 599  
APOPKA, FL 32703**Current Mailing Address:**ONE EXPRESS WAY  
ST. LOUIS, MO 63121**New Mailing Address:**522 HUNT CLUB BLVD.  
PMB 412  
APOPKA, FL 32703**FEI Number:** 84-1657945**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 323012525 US**Name and Address of New Registered Agent:**F & L CORP.  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32203 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: JOHN A. SANDERS

05/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOWENBERG, DAVID  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: VP ( ) Delete  
Name: RIVERS, JOHN  
Address: 250 TECHNOLOGY DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: VPAS (X) Delete  
Name: ELLIOTT, KELLEY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: ASEC (X) Delete  
Name: AKINS, MARTIN P  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: TRAS (X) Delete  
Name: JENSEN, STEPHEN  
Address: 6272 LEE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: ASEC (X) Delete  
Name: NAEGER, JEFFREY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SHUMATE, CARL  
Address: 522 HUNT CLUB BLVD., PMB 412  
City-St-Zip: APOPKA, FL 32703

Title: DV (X) Change ( ) Addition  
Name: DRABIK, EUGENE  
Address: 522 HUNT CLUB BLVD., PMG 412  
City-St-Zip: APOPKA, FL 32703

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

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

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: CARL SHUMATE

PRES

05/08/2008

Electronic Signature of Signing Officer or Director

Date