



FILED
Apr 13, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P96000007035 1. Entity Name CLINICAL INSTRUMENTS, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 745A SCALLOP DRIVE CAPE CANAVERAL, FL 32920</div><div>Mailing Address 745A SCALLOP DRIVE CAPE CANAVERAL, FL 32920</div></div>		<div style="font-size: 1.2em; margin-bottom: 10px;">Apr 13, 2005 08:00 AM</div> <div style="font-size: 1.5em; margin-bottom: 10px;">Secretary of State</div> <div style="text-align: left; margin-top: 20px;"> 04112005 No Chg-P CR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-3355353</div><div style="border: 1px solid black; padding: 2px;">Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																																
DO NOT WRITE IN THIS SPACE																																																		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">6. Name and Address of Current Registered Agent</div> <div>KOPE, DANIEL 745A SCALLOP DRIVE CAPE CANAVERAL, FL 32920</div>	<div style="font-size: 1.5em; font-weight: bold; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>																																																	
<div style="font-size: 0.8em;">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.</div>																																																		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																		
<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 0.8em;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div>	<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div>\$5.00 May Be Added to Fees</div></div></div>																																																	
<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 0.8em;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-size: 0.7em;">TITLE</td><td style="width:10%; font-size: 0.7em;">D</td><td style="width:80%;">KOPE, DANIEL</td></tr><tr><td style="font-size: 0.7em;">NAME</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">STREET ADDRESS</td><td></td><td>745A SCALLOP DRIVE</td></tr><tr><td style="font-size: 0.7em;">CITY-ST-ZIP</td><td></td><td>CAPE CANAVERAL, FL 32920</td></tr><tr><td style="font-size: 0.7em;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">NAME</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">NAME</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">NAME</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 0.7em;">CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	D	KOPE, DANIEL	NAME			STREET ADDRESS		745A SCALLOP DRIVE	CITY-ST-ZIP		CAPE CANAVERAL, FL 32920	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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<div style="font-size: 1.2em; margin-bottom: 10px;">11000000301901</div> <div style="font-size: 1.2em;">04/13/05-80051-009 150.00</div> <div style="font-size: 1.5em; font-weight: bold; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>																																																		
<div style="font-size: 0.8em;">12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</div>																																																		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u><i>Daniel Kope</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><div style="font-size: 1.5em; margin-right: 10px;">D</div><div style="font-size: 1.2em;">4-11-05 321 78328A</div><div style="font-size: 0.7em; display: flex; justify-content: space-between;"><div>Date</div><div>Daytime Phone #</div></div></div></div>																																																		