

MAR 15 2010 11:45AM  
Division of Corporations

TRENAM KEMKER

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEI  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

98-414116T

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tsgood@trenam.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
CLINICAL PRODUCTS, INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Clinical Products, Incorporated
2. The principal office address: 2200 Westport Plaza Drive, Suite 316, St. Louis, MO, 63146
3. The mailing address (if different): 1600 Division Street, Suite 630, Nashville, TN, 37203
4. Date of incorporation/qualification: 12/29/98 Document number: P98000107467
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gary I. Teblum

101 E. Kennedy Boulevard, Suite 2700

Tampa, Florida 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TK Registered Agent, Inc.

101 E. Kennedy Boulevard, Suite 2700

P.O. Box NOT acceptable

Tampa, Florida 33602


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.

  
Signature of an officer or director

Joe C. Cook Jr. Vice-President  
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.

  
Signature of Registered Agent

March 15, 2010

Date

If signing on behalf of an entity:

Nelson T. Castellano

Typed or Printed Name

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

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

CR2B045 (8/05)

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