2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N03000008464

Entity Name: TAMPA BAY HEART INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

6006- 49TH ST N
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6006- 49TH ST N
ST PETERSBURG, FL 33709

New Mailing Address:

6006- 49TH ST N
SUITE 130
ST PETERSBURG, FL 33709

FEI Number: 20-0558930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 E KENNEDY BLVD, STE 1700
TAMPA, FL 33602 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: MITCHELL HOROWITZ
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, RAY
Address: 200 RIVEREDGE PKWY, STE 900
City-St-Zip: ATLANTA, GA 30328

Title: D ( ) Delete
Name: DESAI, AKSHAY M
Address: 2150 49 TH ST N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete
Name: RECTOR, DREW
Address: 603- 7TH ST S, STE 450
City-St-Zip: ST PETERSBURG, FL 33704

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROWN, RAY N
Address: 2000 RIVEREDGE PKWY, STE 900
City-St-Zip: ATLANTA, GA 30328

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

Title: D (X) Change ( ) Addition
Name: RECTOR, DREW
Address: 6006 49 ST. N.
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Change (X) Addition
Name: MARSTON, PATRICK
Address: 475 CENTRAL AVE #305
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY N BROWN D 07/07/2005
Electronic Signature of Signing Officer or Director — Date