2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N06000003830

Entity Name: SINUS & NASAL INSTITUTE OF FLORIDA FOUNDATION INC

Current Principal Place of Business:

900 CARILLON PARKWAY
SUITE 200
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

900 CARILLON PARKWAY
SUITE 200
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-4772453 **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:

LANZA, DONALD C MD
900 CARILLON PARKWAY
SUITE 200
ST PETERSBURG, FL 33716 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: DONALD C. LANZA, MD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANZA, DONALD C
Address: 900 CARILLON PARKWAY, SUITE 200
City-St-Zip: ST PETERSBURG, FL 33716

Title: T ( ) Delete
Name: LANZA, SUZANNE T
Address: 900 CARILLON PARKWAY, SUITE 200
City-St-Zip: ST PETERSBURG, FL 33716

Title: S ( ) Delete
Name: BROWN, MICHELE
Address: 900 CARILLON PARKWAY, SUITE 200
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: LANZA, DONALD C
Address: 900 CARILLON PARKWAY, SUITE 200
City-St-Zip: ST PETERSBURG, FL 33716

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. LANZA, MD DR. 10/09/2009
Electronic Signature of Signing Officer or Director — Date