

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000145792

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** THE SINUS AND NASAL INSTITUTE OF FLORIDA, PA

**Current Principal Place of Business:**

900 CARILLON PKWY  
SUITE 200  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 CARILLON PKWY  
SUITE 200  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 02-0708258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANZA, DONALD C MD  
2918 TEAL LANE  
CLEARWATER, FL 33762 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LANZA, DONALD C MD,FACS  
**Address:** 900 CARILLON PKWY, STE 200  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

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

**Title:** DR. (X) Change ( ) Addition  
**Name:** LANZA, DONALD C MD,FACS  
**Address:** 900 CARILLON PKWY, STE 200  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

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:** DONALD C. LANZA, MD

Electronic Signature of Signing Officer or Director

DR.

10/09/2009

Date