2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000044999 1. Entity Name SOUTHWEST FLORIDA PULMONARY SPECIALISTS, P.A.				7 PN 4: 22	
Principal Place of Business	ce of Business Mailing Address		SECRETAR	YOUSTAIL	
1012 GOODLETTE RD., STE. 100 NAPLES, FL 34102 US				Y DESTATE VERTICADA	
2. Principal Place of Business	-				
2026 Swainsons Run Suite, Apt. #, etc.			02142005 REIN-P	CR2E098 (6/04)	
City & State Naples, Florida	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-066686	Applied For	
Zip Country	Zip	1		Not Applicable \$8.75 Additional	
34105 USA 6. Name and Address of Curi	34105	USA	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Cur	ent Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
D'AGOSTINO, LOUIS D 821 FIFTH AVE SOUTH		Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
STE 201 NAPLES, FL 34102					
·		City		FL Zip Code	
8. The above named entity submits this statement for the purpose of abancing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Superiors, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstalling) OATE					
FILE NOW!!! FEE IS \$900.00					
OFFICERS :	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERC AND DIRECTORS IN 11	
TITLE D	Delete	TITLE	DPST DPST	Change Addition	
NAME SPORN, GARY K DR.		NAME	Sporn, Gary K., Dr.	_ ,	
STREET ADDRESS 1942 KINGFISH RD CITY-ST-ZIP NAPLES, FL 34102		STREET ADDRESS CITY-ST-ZIP	2026 Swainsons Run Naples, Florida34105		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME	1	414692 Addition 024 **900.00	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	02/20/03 01001	027 **********	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	·	NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME			
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS Caty-St-Zip			
TITLE	☐ Delete	TITLE	A STATE OF THE STA	SK WILL TO LAND TO AMERICA	
NAME	L State	NAME	Diff	6236	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		Change Addition	
TITLE NAME	FT Deserte	TITLE NAME		Carrende Cavadillon	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	duction state of the state of t	CITY-ST-ZIP	ad in Continu 440 07/03/0 Florida Charter 2	husbar portification and the following	
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.					
SIGNATURE: Camp Som M Gary K. Sporn, M.D., President 02/14/05 239-516-0243					
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENCER OR DIRECTOR Date Daylime Prone of					