


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000044999</b> 1. Entity Name <b>SOUTHWEST FLORIDA PULMONARY SPECIALISTS, P.A.</b>						<b>FILED</b> <b>05 FEB 17 PM 4:22</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1012 GOODLETTE RD., STE. 100</b> <b>NAPLES, FL 34102 US</b>				Mailing Address <b>1012 GOODLETTE RD., STE. 100</b> <b>NAPLES, FL 34102 US</b>			
2. Principal Place of Business <b>2026 Swainsons Run</b>				3. Mailing Address <b>2026 Swainsons Run</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>Naples, Florida</b>				City & State <b>Naples, Florida</b>			
Zip <b>34105</b>		Country <b>USA</b>		Zip <b>34105</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>D'AGOSTINO, LOUIS D</b> <b>821 FIFTH AVE SOUTH</b> <b>STE 201</b> <b>NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>[Signature]</i></u> <span style="float: right;">2/14/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$900.00</b> </div> <div> </div> <div> </div> </div>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> <span style="float: right;"><input type="checkbox"/> Delete</span> NAME <b>SPORN, GARY K DR.</b> STREET ADDRESS <b>1942 KINGFISH RD</b> CITY-ST-ZIP <b>NAPLES, FL 34102</b>				TITLE <b>DPST</b> <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span> NAME <b>Sporn, Gary K., Dr.</b> STREET ADDRESS <b>2026 Swainsons Run</b> CITY-ST-ZIP <b>Naples, Florida 34105</b>			
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Gary K. Sporn, M.D., President			
Date				02/14/05			
Daytime Phone #				239-516-0243			