

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mumford
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 AM 8:10

DOCUMENT # **755140** (1)

COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1310 22ND AVENUE ST. PETERSBURG FL 33705
Mailing Address: 1310 22ND AVENUE ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified: 11/14/1980
3a. Date of Last Report: 05/01/1994
4. FID Number: 59-2097521
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199 (192) Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
BRYANT, KENNETH M
2150 49 ST N
SC
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent:
81 Name: Shirley M. Davis
82 Street Address: 1800 KARLETON PLACE S.
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: *Shirley M. Davis* Shirley M. Davis, President 5/16/95

12. OFFICERS AND DIRECTORS	
11.1 NAME: D HORTON, LLOYD	11.2 STREET ADDRESS: 1671 LAKEWOOD DRIVE SOUTH
11.3 CITY, ST, ZIP: ST. PETERSBURG FL	
11.4 NAME: T BARLOW, ROBERT	11.5 STREET ADDRESS: 11500 9 ST N
11.6 CITY, ST, ZIP: ST PETERSBURG FL	
11.7 NAME: S CRENSHAW, CHERYL	11.8 STREET ADDRESS: 331 55 AVE S
11.9 CITY, ST, ZIP: ST. PETERSBURG FL	
11.10 NAME: D LIGON, REGINALD	11.11 STREET ADDRESS: 207 60 AVE S
11.12 CITY, ST, ZIP: ST PETERSBURG FL	
11.13 NAME: PC BRYANT, KENNETH	11.14 STREET ADDRESS: 2150 49TH STREET NORTH, SUITE C
11.15 CITY, ST, ZIP: ST PETERSBURG FL	
11.16 NAME:	11.17 STREET ADDRESS:
11.18 CITY, ST, ZIP:	

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12	
13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	
13.13 NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	
13.17 NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME:	
13.19 STREET ADDRESS:	
13.20 CITY, ST, ZIP:	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.
SIGNATURE: *Shirley M. Davis* SHIRLEY M. DAVIS 5/16/95 813-894-2652