

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755140 (1)
1. Corporation Name:
COMMUNITY HEALTH CENTERS OF PINELLAS, INC.



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: **05/01/1995**

2. Principal Place of Business: **21 1310 22ND Ave So.**
2a. Mailing Address: **26 1310 22ND Ave So.**
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2097521**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DAVIS, SHIRLEY M
1800 KARLETON PL
S-C
ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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 617.0503, Florida Statutes.

SIGNATURE: *Shirley M Davis* Date: **4/30/96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, LLOYD	1.2 NAME	
STREET ADDRESS	1671 LAKEWOOD DRIVE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, ROBERT	2.2 NAME	V/D BARLOW, ROBERT
STREET ADDRESS	11500 9 ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMONS, DAN	3.2 NAME	T/D RYAN, OKEY
STREET ADDRESS	5627 9TH ST E	3.3 STREET ADDRESS	6009 9TH ST. N.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, YVONNE	4.2 NAME	S/D
STREET ADDRESS	2660 63RD AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SHIRLEY M	5.2 NAME	C/D
STREET ADDRESS	180 KARELTON PL S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001843187
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/96--01119--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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: *Arthur Ellis* Date: **4/29/96** 813-821-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **CS 5/1/96** Daytime Phone:

CR2E037 (12/95)