


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755140 (1)**

1. Corporation Name  
**COMMUNITY HEALTH CENTERS OF PINELLAS, INC.**



Principal Place of Business <b>1310 -22ND AVENUE ST. PETERSBURG FL 33705</b>	Mailing Address <b>1310 -22ND AVENUE ST. PETERSBURG FL 33705-2942</b>
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3. Date Incorporated or Qualified <b>11/14/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2097521</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DAVIS, SHIRLEY M  
1800 KARLETON PL  
SC  
ST PETERSBURG FL 33712**

**10. Name and Address of New Registered Agent**

**81 Name  
Grant Petersen**

**82 Street Address (P.O. Box Number is Not Acceptable)  
600 N. Westshore Boulevard, Suite 200**

**83 Haynsworth, Baldwin, Johnson & Harper**

**84 City  
Tampa**

**85 Zip Code  
FL 33609**

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 Grant D. Petersen Grant D. Petersen Attorney 3/12/97  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HORTON, LLOYD</b>
STREET ADDRESS	<b>1871 LAKEWOOD DRIVE SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BARLOW, ROBERT</b>
STREET ADDRESS	<b>11500 9 ST N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>OKEY, RYAN</b>
STREET ADDRESS	<b>6009 9TH ST N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>ROSE, YVONNE</b>
STREET ADDRESS	<b>2880 63RD AVE S</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, SHIRLEY M</b>
STREET ADDRESS	<b>180 KARELTON PL S</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: [Signature] 4/12/97 (813) 821-6701

CR2E037 (9/96)