

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1310 -22ND AVENUE ST. PETERSBURG FL 33705	Mailing Address 1310 -22ND AVENUE ST. PETERSBURG FL 33705
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3. Date Incorporated or Qualified
11/14/1980

4. FEI Number 59-2097521	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PETERSEN, GRANT
600 N WESTSHORE BOULEVARD SUITE 200
HAYNSWORTH BALDWIN JOHNSON & HARPER
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ *Same* _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, LLOYD	1.2 NAME	OKEY RYAN
STREET ADDRESS	1871 LAKEWOOD DRIVE SOUTH	1.3 STREET ADDRESS	9226 133RD LANE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, ROBERT	2.2 NAME	YVONNE ROSE
STREET ADDRESS	11500 9 ST N	2.3 STREET ADDRESS	2660 63RD AVE. SOUTH
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKEY, RYAN	3.2 NAME	JUSY VITUCCI
STREET ADDRESS	6009 9TH ST N.	3.3 STREET ADDRESS	11515 BAYSHORE DRIVE
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	Seminole, FL 34642
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, YVONNE	4.2 NAME	REV. EARL SMITH
STREET ADDRESS	2660 63RD AVE S	4.3 STREET ADDRESS	1310 22ND AVE SO.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, SHIRLEY M	5.2 NAME	THOMAS TITO
STREET ADDRESS	180 KARELTON PL S	5.3 STREET ADDRESS	P.O. Box 14116 N/A
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33733
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TRACY THOMAS PAYNE
STREET ADDRESS		6.3 STREET ADDRESS	1742 ARABIAN LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM HARBOR, FL 34685

14. 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 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 of 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]* _____ 821-6701

CR2E037 (10/97)