

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90321 021 \*\*\*\*70.00

0052592

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 755140**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2226 13th Street South

27 Suite, Apt. #, etc.

28 City & State

St. Petersburg, FL

29 Zip

30 Country

33705 USA

3. Date Incorporated or Qualified

11/14/1980

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE SD  
 NAME VITUCCI, JUDY  
 STREET ADDRESS 11515 BAYSHORE DR  
 CITY-ST-ZIP SEMINOLE FL 34642

TITLE D  
 NAME SMITH, REV. EARL  
 STREET ADDRESS 1310 22ND AVE SO  
 CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE CD  
 NAME OKEY, RYAN  
 STREET ADDRESS 9226 133RD LANE N  
 CITY-ST-ZIP SEMINOLE FL 33776

TITLE TD  
 NAME ROSE, YVONNE  
 STREET ADDRESS 2660 63RD AVE S  
 CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE CD  
 NAME DAVIS, SHIRLEY M  
 STREET ADDRESS 180 KARELTON PL S  
 CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
 NAME TITO, THOMAS  
 STREET ADDRESS P. O. BOX 14116  
 CITY-ST-ZIP ST PETERSBURG FL 33733

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME Smith, Rev. Earl  
 2.3 STREET ADDRESS 1310 22ND AVE SO  
 2.4 CITY-ST-ZIP St. Petersburg FL 33705

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME TITO D  
 4.3 STREET ADDRESS Rose, Yvonne  
 2660 63RD AVE S  
 4.4 CITY-ST-ZIP ST Petersburg, FL 33712

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME TITO, THOMAS  
 6.3 STREET ADDRESS P.O. Box 14116  
 6.4 CITY-ST-ZIP St Petersburg, FL 33733

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

Daytime Phone #

CR2E037- (11/98)