

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 755140

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Current Principal Place of Business:

1310 -22ND AVENUE
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

2226 13TH ST SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-2097521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NUTTING, JON F
Address: 6347 33RD AVE N
City-St-Zip: ST PETERSBURG, FL 38710

Title: CD () Delete
Name: RYAN, OKEY
Address: 9226 133RD LANE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: FOSTER, WILLIE
Address: 3000 DESOTO WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VD () Delete
Name: GARDNER, EVELYN
Address: 1046 27TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: COX, TROY
Address: 6011 THIRD STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DT () Delete
Name: TITO, THOMAS
Address: 622 12TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY T. PAYNE

PRES

01/15/2002

Electronic Signature of Signing Officer or Director

_____ Date

WOMEN'S & CHILDREN'S HEALTH CENTER
7995 66TH STREET NORTH
PINELLAS PARK, FL 33781

MOTHER & CHILD CARE OF CLEARWATER
400 NORTH FORT HARRISON AVENUE
CLEARWATER, FL 33755

JOHNNIE RUTH CLARKE HEALTH CENTER
1310 22ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

JOHNNIE RUTH CLARKE HEALTH CENTER