

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2004  
Secretary of State**

DOCUMENT# 755140

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:**

1344 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

3655 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

1344 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

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: TURNER, MARY  
Address: 1887 54TH AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

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: OKEY RYAN

CD

03/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date