

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 755140

FILED
Oct 28, 2008
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Current Principal Place of Business:

1344 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1344 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-2097521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: GRANT PETERSEN

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: WELCH, DAVID T
Address: 1344 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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: HEE, BOWDEN
Address: 1344 22ND STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () 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 exemption stated in Chapter 119, 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: DANIEL KENNEDY

Electronic Signature of Signing Officer or Director

CFO

10/28/2008

Date