

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 30, 2009
Secretary of State**

DOCUMENT# 755140

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 ()

Name and Address of Current Registered Agent:PETERSEN, GRANT
OGLETREE, DEAKINS, SMOAK & STEWART
100 NORTH TAMPA STREET, SUITE 3600
TAMPA, FL 33602 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 33712Title: CD () Delete
Name: WELCH, DAVID T
Address: 1344 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712Title: D () Delete
Name: FOSTER, WILLIE
Address: 3000 DESOTO WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712Title: VD () Delete
Name: GARDNER, EVELYN
Address: 1046 27TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705Title: D () Delete
Name: FRANCES, SERRANO-LUX
Address: 1344 22ND STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712Title: D () Delete
Name: TITO, THOMAS
Address: 622 12TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33701**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: SD (X) Change () Addition
Name: MCNULTY, CINDY
Address: 7551 CUMBERLAND ROAD, #15
City-St-Zip: LARGO, FL 33777Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: MOLDENHAUER, RONALD
Address: 826 LAKESIDE TERRACE
City-St-Zip: PALM HARBOR, FL 34683Title: VD (X) Change () Addition
Name: BETHELL, EVELYN
Address: 14320 APACHE AVENUE
City-St-Zip: LARGO, FL 33777Title: () 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

CFO

10/30/2009

Electronic Signature of Signing Officer or Director

Date