

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755140

FILED
Feb 20, 2012
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 (X)

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: CD
Name: BETHELL, EVELYN
Address: 14320 APACHE AVENUE
City-St-Zip: LARGO, FL 33774

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

Title: VTD
Name: MOLDENHAUER, RONALD
Address: 826 LAKESIDE TERRACE
City-St-Zip: PALM HARBOR, FL 34683

Title: D
Name: SELLEW, ROGER
Address: 967 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD
Name: FRANCES, SERRANO-LUX
Address: 1344 22ND STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D
Name: SMITH, JOSEPH L
Address: 980-64TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby 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 all other like empowered.

SIGNATURE: EDWARD H. PARRY

CFO

02/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date