

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755140

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC2030521025**

**Entity Name:** COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

**Current Principal Place of Business:**

1344 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

1344 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

**FEI Number:** 59-2097521

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PETERSEN, GRANT  
OGLETREE, DEAKINS, SMOAK & STEWART  
100 NORTH TAMPA STREET, SUITE3600  
TAMPA, FL 33602 US

*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

**Officer/Director Detail :**

Title DIRECTOR, IMMEDIATE PAST CHAIR  
Name MOLDENHAUER, RONALD  
Address 11822 YELLOWFINCH LANE  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR, TREASURER  
Name SELLEW, ROGER  
Address 967 BAYSHORE DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR, CHAIRMAN  
Name FRANCES, SERRANO-LUX  
Address 2286 NORWEGIAN DRIVE  
UNIT 22  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR, VC  
Name SMITH, JOSEPH L  
Address 980 64TH AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR  
Name WILLIAMS, LUKE C  
Address 3992 40TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title DIRECTOR, SECRETARY  
Name MCNULTY, CINDY  
Address 7551 CUMBERLAND ROAD  
#15  
City-State-Zip: LARGO FL 33777

Title DIRECTOR  
Name TURNER, MARY  
Address 1887 54TH AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name WILLIAMS, CLARENCE  
Address 1045 16TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705-2256

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*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:** ELODIE DORSO

**CEO**

**02/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name GILBERT, JAMES B  
Address 1344 22ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712-2744

Title DIRECTOR  
Name LENSE, ALBERTO  
Address 8095 CAUSEWAY BLVD SOUTH  
City-State-Zip: ST. PETERSBURG FL 33707

Title COO  
Name KUCHER, EDWARD P.  
Address 1344 22ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name SHERMAN-WHITE, ANN  
Address 2195 DESOTO WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title CEO  
Name DORSO, ELODIE L.  
Address 1344 22ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name ALLY, SHARON  
Address 4400 CATALONIA WAY S.  
City-State-Zip: SAINT PETERSBURG FL 33712