

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755140

FILED
Jan 18, 2017
Secretary of State
CC8098043183

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, SUITE 3600
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	Title	DIRECTOR, IMMEDIATE PAST CHAIR
Name	BETHELL, EVELYN	Name	MOLDENHAUER, RONALD
Address	14320 APACHE AVENUE	Address	11822 YELLOWFINCH LANE
City-State-Zip:	LARGO FL 33774	City-State-Zip:	TRINITY FL 34655
Title	DIRECTOR, TREASURER	Title	DIRECTOR, CHAIRMAN
Name	SELLEW, ROGER	Name	FRANCES, SERRANO-LUX
Address	967 BAYSHORE DRIVE	Address	2286 NORWEGIAN DRIVE UNIT 22
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	CLEARWATER FL 33763
Title	DIRECTOR, VC	Title	DIRECTOR
Name	SMITH, JOSEPH L	Name	WILLIAMS, LUKE C
Address	980 64TH AVENUE SOUTH	Address	1300 FIRST AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33705	City-State-Zip:	ST. PETERSBURG FL 33705
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	MCNULTY, CINDY	Name	TURNER, MARY
Address	7551 CUMBERLAND ROAD #15	Address	1887 54TH AVENUE SOUTH
City-State-Zip:	LARGO FL 33777	City-State-Zip:	ST. PETERSBURG FL 33712

Continues on page 2

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 WEHLE

COO

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CEO
Name MABE, PAT
Address 1344 22ND STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33712-2744

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

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