

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755140

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**7495325177CC**

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

**Current Principal Place of Business:**

14100 58TH STREET NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

14100 58TH STREET NORTH  
CLEARWATER, FL 33760 US

**FEI Number:** 59-2097521

**Certificate of Status Desired:** Yes

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

DILLON, WILLIAM  
215 SOUTH MONROE STREET - STE. 601  
TALLAHASSEE, FL 32301 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, CHAIRMAN  
Name SMITH, JOSEPH L  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name WILLIAMS, LUKE C  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR, TREASURER  
Name WILLIAMS, CLARENCE  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title CFO  
Name GILBERT, JAMES B  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name SHERMAN-WHITE, ANN  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR, SECRETARY  
Name LENSE, ALBERTO  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name HECHT, DOROTHEA  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title CEO  
Name DORSO, ELODIE  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

**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 DORSO

**CEO AND PRESIDENT**

**01/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CRO  
Name KUCHER, EDWARD P  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name MCFADDEN, PRISCILLA  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name MARRONE, KEVIN  
Address 14100 58TH STREET N  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name MEREDITH, JEREMY  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name PORTER, RONALD  
Address 14100 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760