

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755140

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC3059011262**

**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
Name	BETHELL, EVELYN
Address	14320 APACHE AVENUE
City-State-Zip:	LARGO FL 33774
Title	DIRECTOR, TREASURER
Name	SELLEW, ROGER
Address	967 BAYSHORE DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689
Title	DIRECTOR
Name	SMITH, JOSEPH L
Address	980-64TH AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705
Title	DIRECTOR
Name	MCNULTY, CINDY
Address	7551 CUMBERLAND ROAD #15
City-State-Zip:	LARGO FL 33777

Title	DIRECTOR, CHAIRMAN
Name	MOLDENHAUER, RONALD
Address	826 LAKESIDE TERRACE
City-State-Zip:	PALM HARBOR FL 34683
Title	DIRECTOR, SECRETARY
Name	FRANCES, SERRANO-LUX
Address	2286 NORWEGIAN DR UNIT 22
City-State-Zip:	CLEARWATER FL 33763
Title	DIRECTOR
Name	WILLIAMS, LUKE C
Address	1300 FIRST AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33705
Title	DIRECTOR
Name	TURNER, MARY
Address	1887 54TH AVENUE SOUTH
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:** EDWARD H. PARRY

**CHIEF FINANCIAL  
OFFICER**

**01/27/2016**

\_\_\_\_\_  
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 PARRY, EDWARD H  
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 CEO  
Name MABE, PAT  
Address 1344 22ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712-2744

Title DIRECTOR  
Name SHERMAN-WHITE, ANN  
Address 1617 - 31ST STREET 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