

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755140

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

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

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

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

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

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

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

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

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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

01/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LEE, DOROTHEA
Address 365 BELLEAIR DRIVE NE
City-State-Zip: ST. PETERSBURG FL 33704

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

Title DIRECTOR
Name MCFADDEN, PRISCILLA
Address 4138 53RD AVENUE SOUTH
City-State-Zip: ST PETERSBURG FL 33711

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

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

Title DIRECTOR
Name MEREDITH, JEREMY
Address 7749 30TH AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33710