

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755140

FILED
Feb 12, 2014
Secretary of State
CC1122204630

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 CHAIRMAN, DIRECTOR
Name BETHELL, EVELYN
Address 14320 APACHE AVENUE
City-State-Zip: LARGO FL 33774

Title VC, DIRECTOR
Name MOLDENHAUER, RONALD
Address 826 LAKESIDE TERRACE
City-State-Zip: PALM HARBOR FL 34683

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

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

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

Title DIRECTOR
Name WILLIAMS, LUKE C
Address 1300 FIRST AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
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

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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: EDWARD H. PARRY

CFO

02/12/2014

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 SHERMAN-WHITE, ANN
Address 1617 - 31ST STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

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

Title DIRECTOR
Name HINDERLITER, CHRISTY
Address 3141 UNION STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

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