

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001928 (9)

1. Corporation Name

PINELLAS HEALTHCARE INVESTORS, INC.



Principal Place of Business

Mailing Address

2 SOUTH ST., #360
PITTSFIELD MA 02101

2 SOUTH ST., #360
PITTSFIELD MA 02101

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

4. FEI Number

04-3270497

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of officer or director authorized to sign)

(Both Registered Agent signature and date are required)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARKE, THOMAS M
STREET ADDRESS 2 SOUTH ST., #380
CITY-ST-ZIP PITTSFIELD MA 01201 ☐ DELETE

TITLE STD
NAME CLARKE, LINDA M
STREET ADDRESS 2 SOUTH ST., #380
CITY-ST-ZIP PITTSFIELD MA 01201 ☐ DELETE

TITLE DCEO
NAME CUMMINGS, LAWRENCE
STREET ADDRESS 250 ROYAL PALM WAY, SUITE 202
CITY-ST-ZIP PALM BEACH FL 33480 ☐ DELETE

TITLE D
NAME CUMMINGS, AMORY
STREET ADDRESS 311 S. WACKER DR., #3000
CITY-ST-ZIP CHICAGO IL 60606 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Linda M. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda M. Clarke, Sec/Treas.

4/9/96

(413)448-2111

Date

Daytime Phone #

CR2E034 (12/95)