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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 01201-6109

3. Date Incorporated or Qualified: 04/20/1995
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 75 South Church Street
Suite, Apt. #, etc.
22 Suite 650
City & State
23 Pittsfield, MA
Zip 24 01201 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 04-3270497 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, THOMAS M		1.2 NAME		
STREET ADDRESS	2 SOUTH ST., #360		1.3 STREET ADDRESS	2 Gaston Drive,	
CITY-ST-ZIP	PITTSFIELD MA 01201		1.4 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, LINDA M		2.2 NAME		
STREET ADDRESS	2 SOUTH ST., #360		2.3 STREET ADDRESS	2 Gaston Drive	
CITY-ST-ZIP	PITTSFIELD MA 01201		2.4 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	DCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, LAWRENCE		3.2 NAME		
STREET ADDRESS	250 ROYAL PALM WAY, SUITE 202		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, AMORY		4.2 NAME		
STREET ADDRESS	311 S. WACKER DR., #3000		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Linda M. Clarke, Secretary/Treasurer April 20, 1997 (413)448-2111