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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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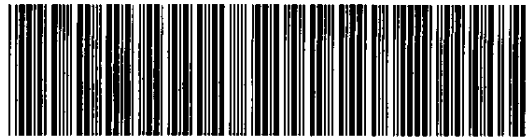
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

md 11/29

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Pinellas Family Health Centers, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Gwendolyn Reese

Name (Printed or typed)

2501 Union Street South

Address

St. Petersburg, FL 33712

City, State & Zip

727-896-2677

205 Dr. Martin Luther King Jr. Blvd. North  
Tampa, FL 33604

gwenreese@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



## INFINITE SOLUTIONS OF TAMPA BAY, INC

GWENDOLYN REESE,  
President & CEO  
P.O. Box 35365  
Saint Petersburg, FL 33705  
Telephone: (727)348-6559  
Fax: 727-490-3154  
Email: gwenreese@tampabay.rr.com  
www.infinitesolutionsoftb.com

November 19, 2010

To whom it may concern:

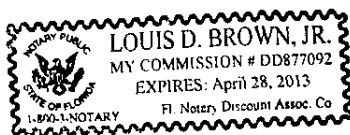
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TALLAHASSEE, FLORIDA

I, **Gwendolyn Reese** as the Registered Agent and the Incorporator for **Pinellas Family Health Centers, Inc.** affirm there will be no revocation of the dissolution of the profit corporation, Pinellas Family Health Centers, Inc., thereby releasing the name Pinellas Family Health Centers, Inc. to be used with the included Articles of Incorporation for the non-profit corporation.

The Articles of Dissolution have been filed. The reason for the dissolution is in order to incorporate as a non-profit corporation. In filing I mistakenly filed as a Florida profit corporation.

Pinellas Family Health Centers, Inc. has no intention of reincorporating as a Florida profit corporation and instead will immediately incorporate as a non-profit.

Signed before me this November  
19, 2010.



LOUIS D BROWN JR  
NOTARY

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Pinellas Family Health Centers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
205 Dr. Martin Luther King, Jr. Street North  
St. Petersburg, FL 33701

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the organization is to operate a community health center to serve the residents of St. Petersburg, FL.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

According to the By-Laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ayakao Watkins, President  
Address: 637 Saxony Blvd.  
St. Petersburg, FL 33716

Name and Title: Pamela Frazier, Vice-President  
Address: 4301 28th Street No. Apt. 208  
St. Petersburg, FL 33714

Name and Title: Rita Wesley, Secretary  
Address: 2334 25th Avenue South  
St. Petersburg, FL 33712

Name and Title: Brenda Conyers-Nelson, Treasurer  
Address: 1719 40th Street South  
St. Petersburg, FL 33711

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

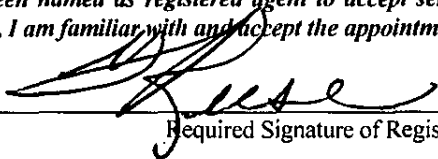
Name: Gwendolyn Reese  
Address: 2501 Union Street South  
St. Petersburg, FL 33712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

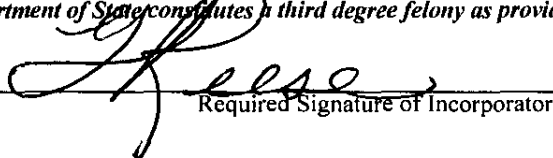
Name: Gwendolyn Reese  
Address: 2501 Union Street  
St. Petersburg, FL 33712

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature of Registered Agent

11/19/2010  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature of Incorporator

11/19/2010  
\_\_\_\_\_  
Date

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