

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011033

FILED
Sep 15, 2011
Secretary of State

Entity Name: PINELLAS FAMILY HEALTH CENTERS, INC.

Current Principal Place of Business:

205 DR.MARTIN LUTHER KING,JR. STREET NORTH
ST.PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

205 DR.MARTIN LUTHER KING,JR. STREET NORTH
ST.PETERSBURG, FL 33701

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, GWENDOLYN
2501 UNION STREET SOUTH
ST.PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

WATKINS, AYAKAO
500 GILMAN PLACE N
ST.PETERSBURG, FL 33716 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: AYAKAO M WATKINS

09/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WATKINS, AYAKAO
Address: 500 GILMAN PLACE N
City-St-Zip: ST.PETERSBURG, FL 33716

Title: VP
Name: FRAZIER, PAMELA
Address: 4301 28TH STREET NO., APT.208
City-St-Zip: ST.PETERSBURG, FL 33714

Title: S
Name: WESLEY, RITA
Address: 2334 25TH AVENUE SOUTH
City-St-Zip: ST.PETERSBURG, FL 33712

Title: T
Name: CONYERS-NELSON, BRENDA
Address: 1719 40TH STREET SOUTH
City-St-Zip: ST.PETERSBURG, FL 33711

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: AYAKAO M WATKINS

P

09/15/2011

Electronic Signature of Signing Officer or Director

Date