

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPQRT
1996



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

DOCUMENT # N95000003987 (3)

1. Corporation Name

PINELLAS COMMUNITY HEALTHCARE PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

C/O ST. PETERSBURG FREE CLINIC
863 3RD AVENUE NORTH
ST. PETERSBURG FL 33701

C/O ST. PETERSBURG FREE CLINIC
863 3RD AVENUE NORTH
ST. PETERSBURG FL 33701



3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1048

26 P.O. Box 1048

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34615

25 Pinellas

29 34615

30 Pinellas

9. Name and Address of Current Registered Agent

BIDDLEMAN, MARCIE A
863 3RD AVENUE NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Elizabeth M. Rugg
82 Street Address (P.O. Box Number is Not Acceptable) Suncoast Health Council, Inc.
83 9721 Executive Center Drive, Ste 114
84 City St. Petersburg FL 85 Zip Code 33702

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Elizabeth M. Rugg

Elizabeth M. Rugg

6/27/96

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HEILMAN, JOHN DR
STREET ADDRESS 863 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE D/P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME TILLERSON, AGNES
STREET ADDRESS 863 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

2.1 TITLE D/V
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME BETHELL, EVELYN
STREET ADDRESS 863 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

3.1 TITLE D/S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME DATES, JAMES
STREET ADDRESS 863 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

4.1 TITLE D/T
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

John Heilman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. John Heilman

6/28/96

Date

Daytime Phone #

CR2E037 (3/96)