

4/21/04 90038 015-6/25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

DOCUMENT # N95000003987			
1. Entity Name PARTNERSHIP FOR A HEALTHIER PINELLAS, INC.			
Principal Place of Business 205 DR. M.L. KING STREET N. ST PETERSBURG, FL 33701 US		Mailing Address 205 DR. M.L. KING STREET N. ST PETERSBURG, FL 33701 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent RUGG, ELIZABETH M. 9800 4TH ST NORTH STE 206 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name David G. Buby, D.O. Street Address (P.O. Box Number is Not Acceptable) 205 Dr. M.L. King Street N City St. Petersburg FL Zip Code 33701	
9. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>David G. Buby</i> DATE <i>10/18/04</i>			
Filing Fee is \$61.25 Due by May 1, 2004		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DS ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	BETHELL, EVELYN	NAME	Evelyn Bethell
STREET ADDRESS	1100 CLEVELAND ST	STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP	CLEARWATER, FL 34618	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	HEILMAN, JOHN DR	NAME	Dr. John Heilman
STREET ADDRESS	500 7TH AVENUE SOUTH	STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DT ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	COSTELLO, BOB	NAME	Bob Costello
STREET ADDRESS	801 MAIN STREET	STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP	DUNEDIN, FL 34688	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Elizabeth Rugg
STREET ADDRESS		STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Steve Lesky
STREET ADDRESS		STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Richard Wittenberg
STREET ADDRESS		STREET ADDRESS	205 Dr. M.L. King Street N
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33701
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>David G. Buby</i>		Date: <i>10/18/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CLERK			