2005 NOT-FOR-PROFF CORPORATION REINSTATEMENT

SIGNATURE: ELEPAPETE MANG OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N9500003987 1. Entity Name PARTNERSHIP FOR A HEALTHIER PINELLAS, INC.						SECRETARY OF S DIVISION OF COORE 05 DEC 14 AM				
Principal Place 205 DR. M.L. ST PETERSBI	. KING STRE	ET N.	Mailing Address 205 DR. M.L. KING ST ST PETERSBURG, FL		US	Ĭ	EMSTATEM	EN	0	
2. Principal P 9455	lace of Busin Koger		3. Mailing Address 9455 Koger	B1vd						
Suite, Apt. #104			Suite, Apt. #, etc. #104				11152005 REIN-NP	CR2E09	99 (6/04)	
	etersb	urg, FL	City & State St. Peters				4. FEI Number 59-3386955		<u> </u>	plied For t Applicable
^{zig} 33702	2	Country Pinellas	33702		_{mtry} ellas		5. Certificate of Status Desired		8.75 Add	
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Reg	gistered A	gent	
BUDY, DA 205 DR M. ST. PETER	L. KING S	TREET N			Street A	ddress (l	abeth M. Rugg P.O. Box Number is Not Acceptable) ger Blvd			
					City	te 10)4 ersburg	FL	Zip Code	
	named entity ions of regist		the purpose of changing its	s registere			ed agent, or both, in the State of Florid	da. I am fa		
SIGNATURE .	Signatura byped	abith ma	ortitie if applicable (NO	Tir- Danietan	et Apent eigne	etim manin	ed when reinstating)	11 1G	05	
	FILE NOW!	!! FEE IS \$236.25	ad and a application. Here	TE. Heylakor	SO Agent aight			ke check	payable to	
		006, Fee will be \$297.5	50				Florid	a Depart	ment of St	ate
10.		OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANGES TO OFFICERS	S AND DIR		
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11/16/05 727-217-7070

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10.	OFFICERS AND DIRECTORS	III.	D	Change	X Addition
TITLE NAME	. Delate	NAME	Anderson, Cheryl		TV vomition
STREET ADDRESS	·	STREET ADDRESS	10601 Belcher Road		
SILLY ADDRESS		CTTY-ST-ZIP	Largo, FL 33710		
	☐ Delete	TITLE	D	Change	Addition
TITLE NAME	D Defets	NAME	Burnett-Scott, Bettye		A
STREET ADDRESS		STREET ADDRESS	P.O. Box 13549	`	•
CITY-ST-ZIP	1	CITY-ST-ZIP	St. Petersburg, FL 33733		
L			<u> </u>	☐ Change	- Addition
ITTLE	Detete	TITLE	D \	Change Life	X Addition
NAME	·	NAME STREET ADDRESS	Cook, Carol 2132 Longbow Lane		
STREET ADDRESS		CITY - ST-ZIP	Clearwater, FL 33764		
GI/(+ST-ZIP			D,C	☐ Change	X Addition
ਸ਼ਾਪ£	. Delete	TITLE NAME	T T	Custific	(33 Annual)
NAME		STREET ADDRESS	Daire, Barbara 4024 Central Ave.		•
STREET ADDRESS CITY-ST-ZIP	,	CITY-ST-ZIP	St. Petersburg, FL 33733		
	Martin .	TITLE	D.S	Change	X Addition
mue	Oelete	NAME	Grazier, Ann		CAD LANDINGS
NAME - STREET ADDRESS	·	STREET ADDRESS	14312 110th Terrace North		
CITY-ST-ZIP		CTTY-ST-ZIP	Largo, FL 33744		
	. Dalete	TITLE	D,T	Change	X Addition
NAME	, uziete	NAME	Johnson, Rae Claire		
STREET ADDRESS		STREET ADDRESS	1717 Indian Rocks Rd.		
CITY-ST-ZIP		CTTY-ST-ZIP	Bellair, FL 33756		
	☐ Delete	TILE	D	☐ Change	(X) Addition
TITLE NAME		NAME	Maguire, Amy		_
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CNY-ST-ZIP			
TITLE	☐ Delete	TITLE	D	☐ Change	Addition
NAME		NAME	Rose, Debra		
STREET ADDRESS		STREET ADDRESS	6051 78th Ave.		
CMY-ST-ZIP		CITY-ST-ZIP	Pinellas, Park, FL 33781		
TITLE	, Delete	TITLE	D	Change	■ Addition
NAME		NAME	Salama, Amira		
STREET ADDRESS		STREET ADDRESS	4765 Stoneview Circle		
Sign ST-ZIP	•	CITY-ST-ZIP	Oldsmar, FL 34677	- <u>-</u> - ·	
TITLE	, Delete	TITLE	D	Change	X Addition
NAME		NAME	Santini, Joe		
STREET ADDRESS		STREET ADDRESS	3170 3rd Ave. North		
CITY-ST-ZIP	·	CITY-ST-ZIP	St. petersburg, FL 33731		
TITLE	☐ Delete	TITLE	D	Change	X Addilion
NAME		NAME	Satcher, Richard		
STREET ADDRESS		STREET ADDRESS	6500 38th Ave. North		
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33710		
TITLE	☐ Defete	IIILE	D	Change	X Addition
NAME		NAME	Serrano-Lux, Frances		
STREET ADDRESS	·	STREET ADDRESS	612 Franklin St.		
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33756		
TITLE	☐ Defete	TITLE	D Tanadan Kandha	☐ Change	Addition
NAME		NAME STREET ADDRESS	Tomalin, Kanika 701 6th St. South		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33712		
		TITLE	D	Change	X Addition
TITLE	. Delete	NAME	Wedekind, Thomas	onenge	CAR CEUTION
STREET ADDRESS		STREET ADDRESS	11254 58th St. North		
CITY-ST-ZIP	·	CETY-ST-ZIP	Pinellas Park, FL 33782		
40 (baseline	ertify that the information supplied with this filling does not qualify for the	e exemption sta	ted in Section 119.07(3)(i). Florida Statutes, Lifurther ce	rtify that the in	formation
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of the cor changed.	on this report of supplemental report is the and account and any poration or the receiver of trustee empowered to execute this report as or on an attachment with an address, with all other like empowered.	required by Chi	pres o manue oranies, and that my hame appears	" - OIOCK 10 0T	LIULK † }
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SIGNAT	URE: Elizabeth heligg		בטן עון וו		

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/O GES TO OFFICE	HS AND DI		
TILE	□ Delete	TITLE	D	D1 5	Change	X Addition
NAME	•	NAME	Vitucci, Judi, R.N.,	Ph.D.		
STREET ADDRESS			2735 Whitney Rd.			
GITT-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33760	·	· <u> </u>	
TITLE	Delete	TITLE	·		Change	` 🔲 Addition
NAME		NAME	,			
STREET ADDRESS		STREET ADDRESS				
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12. Thereby cer	tify that the information supplied with this filing does not qualify for the this report or supplemental report is true and accurate and that my s	signature shall ha	ive the same legal effect as if made under (oath: that i a	m an officer o	or director
	ration of the receiver or trustee empowered to execute this report as	required by Cha	oter 617, Florida Statutes; and that my name	appears in	Block 10 or	Biock 11 if
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