2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
1353273636CC

DOCUMENT# 755140

Entity Name: COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Current Principal Place of Business:

14100 58TH STREET NORTH
CLEARWATER, FL 33760

Current Mailing Address:

14100 58TH STREET NORTH
CLEARWATER, FL 33760 US

FEI Number: 59-2097521

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DILLON, WILLIAM
215 SOUTH MONROE STREET - STE. 601
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CHAIRMAN
Name	SMITH, JOSEPH L
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR, TREASURER
Name	WILLIAMS, CLARENCE
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	SHERMAN-WHITE, ANN
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	HECHT, DOROTHEA
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	WILLIAMS, LUKE C
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	CFO
Name	GILBERT, JAMES B
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR, SECRETARY
Name	LENSE, ALBERTO
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	CEO
Name	DORSO, ELODIE
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

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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: ELODIE DORSO CEO 04/07/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CRO
Name	KUCHER, EDWARD P
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	MARRONE, KEVIN
Address	14100 58TH STREET N
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	TIFFANY, OLIVIA
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	MCFADDEN, PRISCILLA
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	ALLY, KENNY
Address	14100 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760