

1995 CORPORATION ANNUAL REPORT

Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # F94000005767 (8)

95 JUL 10 AM 9:00

1. Corporation Name
COMMUNITY HEALTHCARE CENTERS OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business
**288 MAIN STREET
EAST AURORA NY 14052**

Mailing Address
**288 MAIN STREET
EAST AURORA NY 14052**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1994** 3a. Date of Last Report

4. FEI Number **16-1442776** Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, WILLIAM H
2888 REMINGTON GREEN CIRCLE, SUITE B
P.O. BOX 15261
TALLAHASSEE FL 32308**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CHUR, NEIL M
STREET ADDRESS	1240 LUTHER ROAD
CITY-ST-ZIP	EAST AURORA NY 14052
TITLE	V
NAME	FELDMAN, JOY A
STREET ADDRESS	167 RUSKIN ROAD
CITY-ST-ZIP	SNYDER NY 14226
TITLE	S
NAME	BRYLINSKI, PAULETT
STREET ADDRESS	416 SOUTH ROAD
CITY-ST-ZIP	EAST AURORA NY 14052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neil M. Chur* Vice President 6/19/95 (716) 652 2820
DATE: _____ DAY: _____

CR2E034 (3/95)