

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005767 (8)**

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



Principal Place of Business: **268 MAIN STREET EAST AURORA NY 14052**  
Mailing Address: **268 MAIN STREET EAST AURORA NY 14052**

3. Date Incorporated or Qualified: **11/07/1994**  
3a. Date of Last Report: **07/10/1995**  
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

21. State, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:

9. Name and Address of Current Registered Agent  
**CRAWFORD, WILLIAM H  
2868 REMINGTON GREEN CIRCLE, SUITE B  
P.O. BOX 15261  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHUR, NEIL M</b>	
STREET ADDRESS	<b>1240 LUTHER ROAD</b>	
CITY - ST - ZIP	<b>EAST AURORA NY 14052</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, JOY A</b>	
STREET ADDRESS	<b>167 RUSKIN ROAD</b>	
CITY - ST - ZIP	<b>SNYDER NY 14226</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYLINSKI, PAULETT</b>	
STREET ADDRESS	<b>416 SOUTH ROAD</b>	
CITY - ST - ZIP	<b>EAST AURORA NY 14052</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

100001724631  
-02/27/95--91598--002  
\*\*\*208.75

*Handwritten:* CRME 2/26/96

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Joy A. Feldman, V.P.* 2/14/96 716-652-2820  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOY A. FELDMAN, Vice President** Date: Daytime Phone #

CR2E034 (12/95)