

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90076 036 ***150.00

DOCUMENT # F94000005767

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

Principal Place of Business 300 GLEED AVE EAST AURORA NY 14052-2980 US	Mailing Address % JOY A. FELDMAN, ESQ., THE PARK ASS. 300 GLEEN AVENUE EAST AURORA NY 14052
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 16-1442776	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
**HIQ CORPORATE SERVICES, INC.
 526 E. PARK AVENUE
 SUITE 200
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHUR, NEIL M	
STREET ADDRESS	166 DAVIS ROAD	
CITY-ST-ZIP	EAST AURORA NY 14052	
TITLE	V	<input type="checkbox"/> Delete
NAME	FELDMAN, JOY A	
STREET ADDRESS	167 RUSKIN ROAD	
CITY-ST-ZIP	SNYDER NY 14226	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYLINSKI, PAULETT	
STREET ADDRESS	416 SOUTH ROAD	
CITY-ST-ZIP	EAST AURORA NY 14052	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TEHAN, ELISABETH C	
STREET ADDRESS	6 WOODCREST DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	T	<input type="checkbox"/> Delete
NAME	DENZ, DONALD T	
STREET ADDRESS	7757 CENTER ROAD	
CITY-ST-ZIP	WEST FALLS NY 14170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Joy A. Feldman, Vice President

SIGNATURE: *Joy A. Feldman, VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/4/01** Daytime Phone # **716/652-2820**

CR2E034 (10/00)