


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 021 ***158.75

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1442776	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE ESTATE, OF NEIL CHUR		NAME	Barbara B. Chur	
STREET ADDRESS	166 DAVIS ROAD		STREET ADDRESS	166 Davis Road	
CITY-ST-ZIP	EAST AURORA, NY 14052		CITY-ST-ZIP	East Aurora NY 14052	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JOY A		NAME		
STREET ADDRESS	167 RUSKIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	SNYDER, NY 14226		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYLINSKI, PAULETT		NAME		
STREET ADDRESS	416 SOUTH ROAD		STREET ADDRESS		
CITY-ST-ZIP	EAST AURORA, NY 14052		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLWELL, KENNETH W		NAME		
STREET ADDRESS	104 LERCESTER		STREET ADDRESS		
CITY-ST-ZIP	KENMORE, NY 14217		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN E		NAME		
STREET ADDRESS	18 KENTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	HAMBURG, NY 14075		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUR, BARBARA B		NAME		
STREET ADDRESS	166 DAVIS ROAD		STREET ADDRESS		
CITY-ST-ZIP	EAST AURORA, NY 14052		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with any other like error.					
SIGNATURE: <u>Joy A. Feldman VP.</u> Joy A. Feldman, Vice President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1/30/06</u> Daytime Phone # <u>716-652-2820</u>	