FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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 (Signature of new registered agent, if changed) (Printed name of new registered agent, if changed) DATE

12. OFFICER/S AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHUR, NEIL M		1.2 NAME	
STREET ADDRESS	1240 LUTHER ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST AURORA NY 14052		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, JOY A		2.2 NAME	
STREET ADDRESS	167 RUSKIN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SNYDER NY 14226		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYLINSKI, PAULETT		3.2 NAME	100001724031
STREET ADDRESS	416 SOUTH ROAD		3.3 STREET ADDRESS	-02/27/95--91598--002
CITY-ST-ZIP	EAST AURORA NY 14052		3.4 CITY-ST-ZIP	***208.75
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	600001728658 ☐ Change ☐ Addition
NAME			5.2 NAME	-03/01/96--01008--002
STREET ADDRESS			5.3 STREET ADDRESS	***208.75
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CME 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)(i), 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: Joy A. Feldman V.P. 2/14/96 716-652-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOY A. FELDMAN, Vice President

CR2E034 (12/95)