

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 Glead Avenue Suite, Apt. #, etc. 22 City & State 23 East Aurora Zip 24 14052 Country 25 Erie		2a. Mailing Address 26 300 Glead Avenue Suite, Apt. #, etc. 27 City & State 28 East Aurora NY Zip 29 14052 Country 30 Erie		3. Date Incorporated or Qualified 11/07/1994	
		4. FEI Number 16-1442776		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code
FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

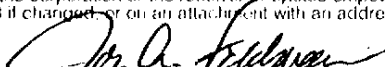
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHUR, NEIL M	
STREET ADDRESS	1240 LUTHER ROAD	
CITY-ST-ZIP	EAST AURORA NY 14052	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELDMAN, JOY A	
STREET ADDRESS	167 RUSKIN ROAD	
CITY-ST-ZIP	SNYDER NY 14228	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRYLINSKI, PAULETT	
STREET ADDRESS	416 SOUTH ROAD	
CITY-ST-ZIP	EAST AURORA NY 14052	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	166 Davis Road
1.4 CITY-ST-ZIP	East Aurora NY 14052
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 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 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, Vice President

3/12/98

652-2820 (716)

CR2E034 (10/97)