

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 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 the corporation's chief financial officer, controller, or treasurer

Signature of Registered Agent or representative of agent

DATE

12. 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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

**600001728656
-03/01/96--01008--002
***208.75**

Handwritten signature and date: JOY A 2/26/96

SIGNATURE:

Handwritten signature of Joy A. Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOY A. FELDMAN, Vice President

2/14/96

716-652-2820

CR2E034 (12/95)