

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

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JAN 27 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005767  
1. Corporation Name  
COMMUNITY HEALTHCARE CENTERS OF AMERICA, INC.



Principal Place of Business  
300 GLEED AVE  
EAST AURORA NY 14052  
US

Mailing Address  
300 GLEED AVE  
EAST AURORA NY 14052  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24 14052-2980 25 Erie

2a. Mailing Address  
26 Joy A. Feldman, Esq.  
The Park Associates, Inc.  
27  
City & State  
28  
Zip Country  
29 14052-2980 30 Erie

3. Date Incorporated or Qualified  
11/07/1994

4. FEI Number  
16-1442776

5. Certificate of Status Desired  
Y \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  
[ ] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  
[ ] Yes [X] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
CRAWFORD, WILLIAM H  
2888 REMINGTON GREEN CIRCLE, SUITE B  
P.O. BOX 15261  
TALLAHASSEE FL 32308

81 Name  
HIQ Corporate Services, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
526 East Park Avenue  
83 Suite 200  
84 City  
Tallahassee  
85 Zip Code  
FL 32301

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 *Roxanne D. Moniodis* by: Roxanne D. Moniodis, Secretary of HIQ 1/26/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	[ ] Change [ ] Addition
NAME	CHUR, NEIL M	1.2 NAME	
STREET ADDRESS	166 DAVIS ROAD	1.3 STREET ADDRESS	400002766294-5
CITY-ST-ZIP	EAST AURORA NY 14052	1.4 CITY-ST-ZIP	-02/05/99-01095-012
TITLE	V	2.1 TITLE	***158.75 ***158.75
NAME	FELDMAN, JOY A	2.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	167 RUSKIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SNYDER NY 14226	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	[ ] Change [ ] Addition
NAME	BRYLINSKI, PAULETT	3.2 NAME	
STREET ADDRESS	416 SOUTH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST AURORA NY 14052	3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [X] Addition
NAME		4.2 NAME	Elisabeth C. Tehan
STREET ADDRESS		4.3 STREET ADDRESS	6 Woodcrest Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orchard Park NY 14127
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [X] Addition
NAME		5.2 NAME	Treasurer Donald J. Denz
STREET ADDRESS		5.3 STREET ADDRESS	7757 Center Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Falls NY 14170
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	

Vice President  
Elisabeth C. Tehan  
6 Woodcrest Drive  
Orchard Park NY 14127

Treasurer  
Donald J. Denz  
7757 Center Road  
West Falls NY 14170

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered

SIGNATURE: *Joy A. Feldman, Esq.* Joy A. Feldman, Vice President 716/652-2820

CR2E034 (1/1/98)