

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90051 006 \*\*\*158.75

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

Principal Place of Business <b>300 GLEED AVE EAST AURORA NY 14052-2980 US</b>	Mailing Address <b>% JOY A. FELDMAN, ESQ., THE PARK ASS. 300 GLEEN AVENUE EAST AURORA NY 14052</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>Gleed</b> Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>16-1442776</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HIQ CORPORATE SERVICES, INC.  
 526 E. PARK AVENUE  
 SUITE 200  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHUR, NEIL M</b> <b>166 DAVIS ROAD</b> <b>EAST AURORA NY 14052</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FELDMAN, JOY A</b> <b>167 RUSKIN ROAD</b> <b>SNYDER NY 14226</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRYLINSKI, PAULETT</b> <b>416 SOUTH ROAD</b> <b>EAST AURORA NY 14052</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TEHAN, ELISABETH C</b> <b>6 WOODCREST DRIVE</b> <b>ORCHARD PARK NY 14127</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DENZ, DONALD T</b> <b>7757 CENTER ROAD</b> <b>WEST FALLS NY 14170</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>John E. Smith</b> <b>18 Kenton Place</b> <b>Hamburg, New York 14075</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joy A. Feldman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joy A. Feldman, Vice President**  
 Date: **1/25/00** Daytime Phone #: **716/687-2635**

CR2000 10/000