

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F94000005767**

1. Entity Name

**COMMUNITY HEALTHCARE CENTERS OF AMERICA, INC.****FILED****Mar 04, 2000 8:00 am**  
**Secretary of State**

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

Principal Place of Business

Mailing Address

**300 GLEED AVE  
EAST AURORA NY 14052-2980  
US****% JOY A. FELDMAN, ESQ., THE PARK ASS.  
300 GLEEN AVENUE  
EAST AURORA NY 14052**

2. Principal Place of Business

3. Mailing Address

**Gleed**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**16-1442776**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIQ CORPORATE SERVICES, INC.  
526 E. PARK AVENUE  
SUITE 200  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHUR, NEIL M</b>	
STREET ADDRESS	<b>166 DAVIS ROAD</b>	
CITY-ST-ZIP	<b>EAST AURORA NY 14052</b>	

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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FELDMAN, JOY A</b>	
STREET ADDRESS	<b>167 RUSKIN ROAD</b>	
CITY-ST-ZIP	<b>SNYDER NY 14226</b>	

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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BRYLINSKI, PAULETT</b>	
STREET ADDRESS	<b>416 SOUTH ROAD</b>	
CITY-ST-ZIP	<b>EAST AURORA NY 14052</b>	

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

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TEHAN, ELISABETH C</b>	
STREET ADDRESS	<b>6 WOODCREST DRIVE</b>	
CITY-ST-ZIP	<b>ORCHARD PARK NY 14127</b>	

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DENZ, DONALD T</b>	
STREET ADDRESS	<b>7757 CENTER ROAD</b>	
CITY-ST-ZIP	<b>WEST FALLS NY 14170</b>	

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

TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>John E. Smith</b>	
STREET ADDRESS	<b>18 Kenton Place</b>	
CITY-ST-ZIP	<b>Hamburg, New York 14075</b>	

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

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***Joy A. Feldman, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/25/00 716/687-2635**

CR05024 10/00