

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90091 023 ***158.75

DOCUMENT # F94000005767

1. Entity Name
COMMUNITY HEALTHCARE CENTERS OF AMERICA, INC.

Principal Place of Business
300 GLEED AVE
EAST AURORA NY 14052-2980
US

Mailing Address
% JOY A. FELDMAN, ESQ., THE PARK ASS.
300 GLEEN AVENUE
EAST AURORA NY 14052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1442776

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **P** ☐ Delete
NAME **CHUR, NEIL M**
STREET ADDRESS **166 DAVIS ROAD**
CITY-ST-ZIP **EAST AURORA NY 14052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **FELDMAN, JOY A**
STREET ADDRESS **167 RUSKIN ROAD**
CITY-ST-ZIP **SNYDER NY 14226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BRYLINSKI, PAULETT**
STREET ADDRESS **416 SOUTH ROAD**
CITY-ST-ZIP **EAST AURORA NY 14052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **TEHAN, ELISABETH C**
STREET ADDRESS **6 WOODCREST DRIVE**
CITY-ST-ZIP **ORCHARD PARK NY 14127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DENZ, DONALD T**
STREET ADDRESS **7757 CENTER ROAD**
CITY-ST-ZIP **WEST FALLS NY 14170**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **John E. Smith**
CITY-ST-ZIP **18 Kenton Place**
Hamburg NY 14075

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

1/10/02

Date

716/652-2820

Daytime Phone #

CR2E034 (9/01)



Attachment

816629

January 15, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7001 2510 0001 3763 6824

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Community Healthcare Centers of America, Inc.
EIN: 16-1442776
Document #: F94000005767

Dear Sir:

Enclosed please find 2001 Uniform Business Report for Community Healthcare Centers of America, Inc. ("CHCA") and CHCA check number 458185, dated January 15, 2002, made payable to the Department of State in the amount of \$158.75. This represents payment of the \$150.00 filing fee and the \$8.75 additional fee for a certificate of status.

Should you have any questions with regard to the above, please feel free to call at 716/687-2636.

Very truly yours,

Joyce Sorrentino
Paralegal

enc.

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