

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90033 020 \*\*\*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, ESO., THE PARK ASS.  
300 GLEED AVENUE GLEED  
EAST AURORA NY 14052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHUR, NEIL M	
STREET ADDRESS	166 DAVIS 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 14226	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYLINSKI, PAULETT	
STREET ADDRESS	416 SOUTH ROAD	
CITY-ST-ZIP	EAST AURORA NY 14052	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLWELL, KENNETH W	
STREET ADDRESS	104 LERCESTER	
CITY-ST-ZIP	KENMORE NY 14217	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JOHN E	
STREET ADDRESS	18 KENTON PLACE	
CITY-ST-ZIP	HAMBURG NY 14075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	The Estate of Neil M. Chur	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara B. Chur	
STREET ADDRESS	166 Davis Road	
CITY-ST-ZIP	East Aurora NY 14052	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #