

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 005 \*\*\*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**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHUR, BARBARA B
STREET ADDRESS	166 DAVIS ROAD
CITY-ST-ZIP	EAST AURORA, NY 14052
TITLE	V
NAME	FELDMAN, JOY A
STREET ADDRESS	167 RUSKIN ROAD
CITY-ST-ZIP	SNYDER, NY 14226
TITLE	S
NAME	BRYLINSKI, PAULETT
STREET ADDRESS	416 SOUTH ROAD
CITY-ST-ZIP	EAST AURORA, NY 14052
TITLE	T
NAME	COLWELL, KENNETH W
STREET ADDRESS	104 LERCESTER
CITY-ST-ZIP	KENMORE, NY 14217
TITLE	V
NAME	SMITH, JOHN E
STREET ADDRESS	18 KENTON PLACE
CITY-ST-ZIP	HAMBURG, NY 14075
TITLE	P
NAME	CHUR, BARBARA B
STREET ADDRESS	166 DAVIS ROAD
CITY-ST-ZIP	EAST AURORA, NY 14052

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

*VP*

*1-10-07*

*716-652-2820*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #