

2008 FOR PROFIT CORPORATION ANNUAL REPORT


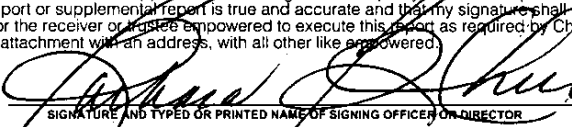
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Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90211 001 ****61.25
03-17-2008 90211 002 ****88.75

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01152008 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 280 Main Street Suite, Apt. #, etc.		3. Mailing Address 40 The Park Associates 280 Main Street Suite, Apt. #, etc.	
City & State East Aurora NY Zip 14052 Country Erie		City & State East Aurora NY Zip 14052 Country	
4. FEI Number 16-1442776		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUR, BARBARA B 166 DAVIS ROAD EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELDMAN, JOY A 167 RUSKIN ROAD SNYDER, NY 14226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Neil M. Chur, Jr. #205 Strada Stell Court Naples FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYLINSKI, PAULETT 416 SOUTH ROAD EAST AURORA, NY 14052 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ Melissa A. Conroy 1765 Route 78 Java Center NY 14082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLWELL, KENNETH W 104 LERCETER KENMORE, NY 14217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V + T John E. Smith 18 Kenton Place Hamburg NY 14075 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JOHN E 18 KENTON PLACE HAMBURG, NY 14075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUR, BARBARA B 166 DAVIS ROAD EAST AURORA, NY 14052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 716-805-1474 Daytime Phone #	