

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90176 012 \*\*\*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**



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.  
528 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CHUR, NEIL M**  
STREET ADDRESS **186 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 **V** ☐ Delete  
NAME **SMITH, JOHN E**  
STREET ADDRESS **18 KENTON PLACE**  
CITY-ST-ZIP **HAMBURG NY 14075**

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

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 of Joy A. Feldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03

716 687 2635

CR2E034 (10/02)