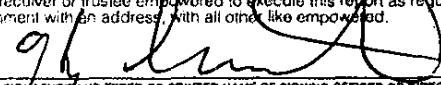


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 30 PM 2:18

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # F02000002592 1. Entity Name MHC/CSI FLORIDA, INC.					
Principal Place of Business ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346			Mailing Address ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. Suite 1250			Suite, Apt. #, etc. Suite 1250		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092006 Chg-P CR2E034 (11/05)	
4. FEI Number 41-2026967				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ 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, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	VT GENTRY, BOYD P ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Ravinia Dr, Ste. 1250 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GRUNSTEIN, HARRY M 920 RIDGE BROOK RD SPARKS GLENCOE, MD 21152 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD One Ravinia Dr, Ste. 1250 Atlanta, GA 30346 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			11/30/06 678-443-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		