SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

1997 NOV -6 AM 9:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT '97 CORPORATION ~~ANNUAL REPORT~~ 1997 Reinstatement

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000514 (7)

1. Corporation Name
CENTRAL GEORGIA HHS, INC.

Principal Place of Business	Mailing Address
691 CHERRY ST., #700 MACON GA 31201	691 CHERRY ST., #700 MACON GA 31201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1996
3a. Date of Last Report:
4. FEI Number: 58-2207935 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 691 Cherry Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 700
City & State 23	City & State 28 Macon, GA
Zip 24 / Country 25	Zip 29 31201 / Country 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500002344755--5 -11/12/97--01079--019 ****750.00 ****750.00
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Dale Morris (Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONNERS, RONALD PHD 103 STEVENS CREEK RD. AUGUSTA GA 30907	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 577 Mulberry Street, 12th Fl. Macon, GA 31298
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DAY, JOHN 103 STEVENS CREEK RD. AUGUSTA GA 30907	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 577 Mulberry Street, 12th Fl. Macon, GA 31298
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRIFFIN, RICK W 691 CHERRY ST., #700 MACON GA 31201	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMSEY, BOB 691 CHERRY ST., #700 MACON GA 31201	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition **REINSTATEMENT '97**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC KRUGER, STEVE 279 REID ST. MACON GA 31206	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition SCC 11-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, JERRY 4704 S. STATFORD OAKS DR. MACON GA 31210	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rick W Griffin See. DATE