

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000514 (7)**

1. Corporation Name
CENTRAL GEORGIA HHS, INC.



Principal Place of Business 691 CHERRY STREET SUITE 700 MACON GA 31201	Mailing Address 691 CHERRY STREET SUITE 700 MACON GA 31201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2207935	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
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

Signature, typed or printed name 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, RONALD PHD	1.2 NAME	
STREET ADDRESS	577 MULBERRY STREET, 12TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JOHN	2.2 NAME	
STREET ADDRESS	577 MULBERRY STREET, 12TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, RICK W	3.2 NAME	
STREET ADDRESS	691 CHERRY ST., #700	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31201	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMSEY, BOB	4.2 NAME	
STREET ADDRESS	691 CHERRY ST., #700	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31201	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUGER, STEVE	5.2 NAME	
STREET ADDRESS	279 REID ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31206	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JERRY	6.2 NAME	
STREET ADDRESS	4704 S. STATFORD OAKS DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31210	6.4 CITY-ST-ZIP	

14. 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 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:

CR2E034 (10/97)