

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90051 042 \*\*\*150.00

**DOCUMENT # F96000000514**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/30/1996**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **577 Mulberry Street**

Suite, Apt. #, etc.  
22 **Suite 1200**

City & State  
23 **Macon, Georgia**

Zip Country  
24 **31201** 25 **USA**

2a. Mailing Address

26 **577 Mulberry Street**

Suite, Apt. #, etc.  
27 **Suite 1200**

City & State  
28 **Macon, Georgia**

Zip Country  
29 **31201** 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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CONNERS, RONALD PHD</b>	
STREET ADDRESS	<b>577 MULBERRY STREET, 12TH FLOOR</b>	
CITY-ST-ZIP	<b>MACON GA 31298</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAY, JOHN</b>	
STREET ADDRESS	<b>577 MULBERRY STREET, 12TH FLOOR</b>	
CITY-ST-ZIP	<b>MACON GA 31298</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, RICK W see change of address</b>	
STREET ADDRESS	<b>691 CHERRY ST., #700</b>	
CITY-ST-ZIP	<b>MACON GA 31201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMSEY, BOB see change of address</b>	
STREET ADDRESS	<b>691 CHERRY ST., #700</b>	
CITY-ST-ZIP	<b>MACON GA 31201</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUGER, STEVE</b>	
STREET ADDRESS	<b>279 REID ST.</b>	
CITY-ST-ZIP	<b>MACON GA 31206</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAYNE, JERRY</b>	
STREET ADDRESS	<b>4704 S. STATFORD OAKS DR.</b>	
CITY-ST-ZIP	<b>MACON GA 31210</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KIMSEY, BOB</b>	
1.3 STREET ADDRESS	<b>577 MULBERRY ST., SUITE 1200</b>	
1.4 CITY-ST-ZIP	<b>MACON, GA. 31210</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GRIFFIN, RICK W.</b>	
2.3 STREET ADDRESS	<b>577 MULBERRY ST., SUITE 1200</b>	
2.4 CITY-ST-ZIP	<b>MACON, GA. 31210</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JUBIER, T.J.</b>	
3.3 STREET ADDRESS	<b>577 MULBERRY ST., SUITE 1200</b>	
3.4 CITY-ST-ZIP	<b>MACON, GA. 31210</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MANOS, PETER</b>	
4.3 STREET ADDRESS	<b>577 MULBERRY ST., SUITE 1200</b>	
4.4 CITY-ST-ZIP	<b>MACON, GA. 31210</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

*Ronald B. Conners*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald B. Conners, Pres.**

**1-20-99**  
Date

**(912) 752- 0220**  
Daytime Phone #

CR2E034 (11/98)