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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000006035 (7)

1. Corporation Name
~~WELCARE PROPERTIES CORPORATION~~
Centennial HealthCare Investment Corporation

NC 12/19/96



Principal Place of Business: 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346
Mailing Address: 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346-1227

3. Date Incorporated or Qualified: 11/19/1996
3a. Date of Last Report
4. FEI Number: 58-2199520
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	EATON, J. STEPHEN	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DAHL, ALAN C	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUIROS, PAUL A	
STREET ADDRESS	1201 PEACHTREE ST., STE. 2200	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, LISA A	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COSBY, TRACEY	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jensen C. Colm* 1/24/97 (770) 698-9040

CR2E034 (9/96)