

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90126 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000006035

1. Corporation Name
CENTENNIAL HEALTHCARE INVESTMENT CORPORATION



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	11/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23		28		58-2199520	
City & State		City & State		Applied For	
24		29		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25	30			\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	P, CEO, COB <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, J. STEPHEN	1.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, ALAN C	2.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, PAUL A	3.2 NAME	
STREET ADDRESS	191 PEACHTREE STREET NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, LISA A	4.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSBY, TRACEY	5.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Tracey C. Cosby 4/26/99 770-698-9040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Tracey C. Cosby - Assistant Secretary

CR2E034 (1/98)

0013152

CENTENNIAL HEALTHCARE INVESTMENT CORPORATION
400 PERIMETER CENTER TERRACE, SUITE 650
ATLANTA, GA 30346
EIN: 58-2199520

F960000035
5321069012024

DIRECTORS:

Sole Director

J. Stephen Eaton
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

OFFICERS:

President, CEO and Chairman of Board

J. Stephen Eaton
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

Vice President, CFO and Treasurer

Alan C. Dahl
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

Vice President and Assistant Secretary

Daryl R. Griswold
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

Secretary

Paul A. Quirós
191 Peachtree Street, NE
Atlanta, GA 30303

Assistant Secretary

Lisa A. Bennett
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

Assistant Secretary

Tracey C. Cosby
400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346