May 10, 1999 8:00 am Secretary of State

05-10-1999 90126 024 \*\*\*150.00

## 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

# DOCUMENT # F9600006035

1. Corporation Name

CENTENNIAL HEALTHCARE INVESTMENT CORPORATION

Principal Place	e of Business	Mailing Address						11,00	
400 PERIMETER	R CENTER TERR., STE, 650	400 PERIMETER CENTER TE	RR., STE.	650					
ATLANTA GA 30346 ATLANTA GA 30346					DO NO	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	alifed			
					11/19/1996				
2. Principal Place of Business   2a. Mailing Address					4. FEI Number		App	olied For	
21		26			58-2199520		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				red 🗍	\$8.75 A	dditional	
22		27			5. Certifcate of Status Desi	rea 📋	Fee Red	quired	
City & State		City & State			6. Election Campaign Final	ncing	\$5.00	May Be	
23		28			Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Country	Zip	Count	try	8. This corporation owes th	e current year	Intangible		
24	25	29	30		Personal Property Tax.			<b>⊠</b> No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Register	ed Agent		
			8	Name	•				
C T CORPORATION SYSTEM			1	32 Street	t Address (P.O. Box Number is Not A	cceptable)			
. 1200	. 1200 SOUTH PINE ISLAND ROAD			- 0					
, PLAI	NTATION FL 33324		1	33					
			Ļ	14 50			85 Zip C	'odo	
			'	34 City		F		,000	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was au ons of, Section 607,0505, Flori	thorized t ida Statut	by the corp es.	poration's board of directors. I hereby	accept the ap	pomiment as reg	registered gistered	
	Signature, typed or printed name of registered agent a	······································		gent signature	required when reinstating)	DATE		50 IN 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES 1	O OFFICERS	Change	(T) Addition	
TITLE	PCEO	☐ DELETE	1.1 TITU		P,CEO,COB		☐ Change	C) Addition	
NAME	eaton, J. Stephen		1.2 NAM	E					
STREET ADDRESS	400 PERIMETER CENTER TERR.,	, STE. 650	1.3 STR	EET ADDRESS	5				
CITY-ST-ZIP	ATLANTA GA 30346		_	-ST-ZIP				☐ Addition	
TITLE	) <b>V</b> T	☐ DEFELE	2 1 TITL	_	j		☐ Change	[_] Addition	
NAME	DAHL, ALAN C		2.2 NAM	E					
STREET ADDRESS	400 PERIMETER CENTER TERR.	, STE. 650	2.3 STR	EET ADDRESS	s				
CITY-ST-ZIP	ATLANTA GA 30346		2. 4 CIT	Y-ST-ZIP				<u> </u>	
TITLE	S	☐ DELETE	3.1 TITL	E			Change	Addition	
NAME	QUIROS, PAUL A		3.2 NAM	Ε					
STREET ADDRESS	191 PEACHTREE STREET NE		3.3 STR	EET ADDRESS	s				
CITY-ST-ZIP	ATLANTA GA 30303		3.4. CIT	Y-ST-ZIP					
TITLE	AS	☐ DELETE	4.1 TITL	E			☐ Change	☐ Addition	
NAME	BENNETT, LISA A		4, 2 NAM	Æ			.*		
STREET ADDRESS		. STE. 650	4.3 STR	EET ADDRESS	s .				
OUT OF THE	ATIANTA GA 20246	, <del></del>	44 CITY	- ST_ 7ID					

6.4 CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

COSBY, TRACEY

ATLANTA GA 30346

400 PERIMETER CENTER TERR., STE. 650

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tracey C. Assistant Secretary

Cosby

☐ DELETE

DELETE

770-698-9040

Change

Change

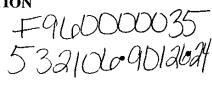
Addition

Addition

# CENTENNIAL HEALTHCARE INVESTMENT CORPORATION

# 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346

EIN: 58-2199520



#### **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