

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90123 040 ***150.00

DOCUMENT # F96000006035
 1. Entity Name
CENTENNIAL HEALTHCARE INVESTMENT CORPORATION

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-2199520		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EATON, J. STEPHEN 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attachment</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAHL, ALAN C 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIROS, PAUL A 191 PEACHTREE STREET NE ATLANTA GA 30303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, LISA A 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COSBY, TRACEY 400 PERIMETER CENTER TERR., STE. 650 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracey C. Cosby **Tracey C. Cosby** 4/25/02 770/730-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT TO FLORIDA UNIFORM BUSINESS REPORT

CENTENNIAL HEALTHCARE INVESTMENT CORPORATION

Doc. # F96000006035

1651061

Officers and Directors

Title	Name	Address
Director and Chairman Of the Board	J. Stephen Eaton	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
Chief Executive Officer	J. Stephen Eaton	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
President and Chief Operating Officer	David R. Wilson	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
Chief Financial Officer and Treasurer	Danny E. Carpenter	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
Vice President	Alan C. Dahl	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
Vice President and Assistant Secretary	Daryl Griswold	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346
Secretary	Paul A. Quiros	191 Peachtree Street Atlanta, GA 30303
Assistant Secretary	Tracey C. Cosby	400 Perimeter Center Terrace Suite 650, Atlanta, GA 30346
Assistant Secretary	Lisa A. Bennett	400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

3/2002