


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90982 016 \*\*\*150.00

DOCUMENT # F96000006035					
1. Entity Name CENTENNIAL HEALTHCARE INVESTMENT CORPORATION					
Principal Place of Business 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346			Mailing Address 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2199520	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZZINI, BRIAN		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERR. STE. 650		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	EVPC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSHA, KENT C SR		NAME		
STREET ADDRESS	191 PEACHTREE STREET NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSBY, TRACEY		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSBY, TRACEY		NAME	Reginald S. Gibson, Jr.	
STREET ADDRESS	400 PERIMETER CENTER TERR., SUITE 650		STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tracey Cosby</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Tracey C. Cosby</u>		Date: <u>04/22/04</u> Daytime Phone #: <u>(770) 730-1103</u>	