## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000006035  1. Entity Name CENTENNIAL HEALTHCARE INVESTMENT CORPORATION					04-20-2004	90982 016 ***15	0.00
Principal Place of Business  400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346  ATLANTA, GA 30346  Mailing Address  400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346							
	1 6 10 10 11						
2. Principal Place of Business	3. Mailing Address	. Mailing Address					
Suite, Apt. #. etc.	Suite, Apt. #, etc.		04222004	Chg-P	CR2E034 (10/03)		
City & State City & State				4. FEI Number 58-21995	520	— — — — — — — — — — — — — — — — — — —	plied For t Applicable
Zip Country	Zip	Country		5. Certificate of		\$8.75 Add	itional
6. Name and Address of Curren	t Registered Agent	<del></del>		7. Name and A	ddress of New R		, .
		N	ame				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		S	Street Address (P.O. Box Number is Not Acceptable)				
	•	С	ity			FL Zip Code	3
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing it	s registered o	ffice or register	red agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE							
Signature, typed or printed name of registered ager	at and title if applicable. (NO	TE: Registered Age	nt signature required	J when reinstating)	····	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550				.00 May Be led to Fees			
10. OFFICERS ANI		11.		ADDITIONS/CI	ANGES TO OFF	ICEBS AND DIDECTORS	
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J						Change	Addition
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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:

SIGNATURE AND THEETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR