


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90259 032 ***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**

14009763



2. Principal Place of Business
303 Perimeter Center North

3. Mailing Address
303 Perimeter Center North

Suite, Apt. #, etc.
Suite 500

04282005 Chg-P CR2E034 (10/03)

City & State
Atlanta, GA 30346

City & State
Atlanta, GA

Zip
30346

Country
USA

4. FEI Number
58-2199520

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE WILSON, DAVID 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GRAZZINI, BRIAN 400 PERIMETER CENTER TERR. STE. 650 ATLANTA, GA 30346	<input type="checkbox"/> Delete
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	S GIBSON, REGINALD S JR 400 PERIMETER CENTER TERR., SUITE 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director & CEO Patrick Duplantis 303 Perimeter Center North, Suite 500 Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Brian M. Grazzini 303 Perimeter Center North, Suite 500 Atlanta, GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tracey C. Cosby 303 Perimeter Center North, Suite 500 Atlanta, GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Tracey C. Cosby **Tracey C. Cosby - Secretary** Date 4/28/05 (770) 730-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #