

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 17, 2007
Secretary of State**

DOCUMENT# F96000006035

Entity Name: CENTENNIAL HEALTHCARE INVESTMENT CORPORATION

Current Principal Place of Business:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 58-2199520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSHA, KENT C
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: CFO () Delete
Name: GRAZEINI, BRIAN
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: S (X) Delete
Name: COSBY, TRACEY
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENCH, GREGORY S
Address: 10210 HIGHLAND MANOR DR., STE. 280
City-St-Zip: TAMPA, FL 33610

Title: S (X) Change () Addition
Name: COSBY, TRACEY C
Address: 303 PERIMETER CENTER NORTH, STE. 500
City-St-Zip: ATLANTA, GA 30346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY C. COSBY

S

12/17/2007

Electronic Signature of Signing Officer or Director

Date