


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90192 009 \*\*\*150.00

DOCUMENT # F96000006035	
1. Entity Name CENTENNIAL HEALTHCARE INVESTMENT CORPORATION	

Principal Place of Business 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346	Mailing Address 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2199520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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, 2008 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	P BENCH, GREGORY S 10210 HIGHLAND MANOR DR., STE. 280 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSBY, TRACEY C 303 PERIMETER CENTER NORTH, STE. 500 ATLANTA, GA 30346
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #