

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 045 ***150.00

DOCUMENT # F9600006035

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

11001778

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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's signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PCEO EATON, J. STEPHEN 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAHL, ALAN C 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIROS, PAUL A 191 PEACHTREE STREET NE ATLANTA, GA 30303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, LISA A 400 PERIMETER CENTER TERR., STE. 650 ATLANTA, GA 30346 <input checked="" 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	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO Wilson, David 400 Perimeter Center Terr. Ste. 650 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT Grazzini, Brian 400 Perimeter Center Terr. Ste. 650 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPCCO Fosha, Kent C., Sr. 400 Perimeter Center Terr. Ste. 650 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" 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	S Cosby, Tracey 400 Perimeter Center Terr. Ste. 650 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

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 Cosby **Tracey Cosby, Secretary** **770-730-1303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #

CR2E034 (10/02)

Attachment #

11001778
F96000006035



April 18, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report

Dear Sir or Madam:

Enclosed please find a completed 2003 For Profit corporation Uniform Business Report application for Centennial HealthCare Investment Corporation along with check number 565822 in the amount of \$150.00 representing the appropriate filing fee.

If you have any questions or need additional information please contact me at (770) 730-1110 or via email at kmassiah@centennialhc.com.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kenyetta Massiah'.

Kenyetta Massiah
Regulatory Affairs Coordinator

Enclosures

cc: Tracey C. Cosby
Sue Gibson