2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M04000001280

Entity Name: DOLPHINS VIEW HEALTHCARE, LLC

Current Principal Place of Business:

1820 SHORE DRIVE SOUTH
ST. PETERSBURG, FL 33707

New Principal Place of Business:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 20-0906281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MEM ( ) Delete
Name: CENTENNIAL HEALTHCAR, E HOLDING COMP A NY, LLC
Address: 303 PERIMETER CENTER NORTH SUITE 500
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CENTENNIAL HEALTHCAR, E HOLDING COMP A NY, LLC
Address: 303 PERIMETER CENTER NORTH SUITE 500
City-St-Zip: ATLANTA, GA 30346

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRACEY C. COSBY, BOARD MEMBER BM 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date