

M04000001281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

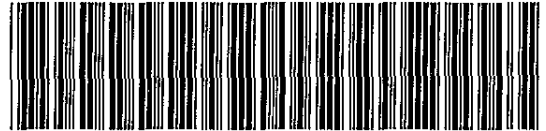
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 927239 4337594
AUTHORIZATION : Patricia Pigute
COST LIMIT : \$ 25.00

ORDER DATE : October 14, 2004
ORDER TIME : 10:33 AM
ORDER NO. : 927239-010
CUSTOMER NO: 4337594
CUSTOMER: Emily Crosby, Esq.
Paul Hastings Janofsky &
Suite 2400
600 Peachtree Street, N.e.
Atlanta, GA 30308

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OCT 15 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CENTENNIAL MANAGEMENT COMPANY
LLC

____ LLC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of
State: CENTENNIAL MANAGEMENT COMPANY, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: April 5, 2004

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SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? March 2, 2004

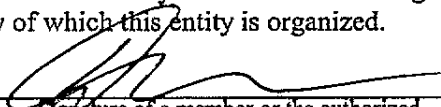
5. New name of the limited liability company: _____
SHORELINE HEALTHCARE MANAGEMENT, LLC

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected
and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned
amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

CENTENNIAL MANAGEMENT INVESTMENT, LLC, the Sole Member
By: Patrick Duplantis, President and CEO

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

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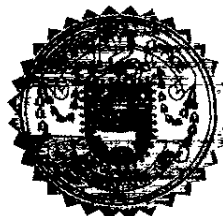
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CENTENNIAL MANAGEMENT COMPANY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SHORELINE HEALTHCARE MANAGEMENT, LLC", THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2004, AT 1:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTENNIAL MANAGEMENT COMPANY, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3771615 8320

AUTHENTICATION: 3411383

040742889

DATE: 10-14-04