

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV -2 PM 12:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # P24583 1. Corporation Name CENTENNIAL HEALTHCARE CORPORATION		REINSTATEMENT 98-99																																	
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346</td> <td style="width: 50%;">Mailing Address Same.</td> </tr> </table>				Principal Place of Business 400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346	Mailing Address Same.																														
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If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country																																			
3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country																																			
4. Date Incorporated or Qualified To Do Business in Florida 6-1-89		5. FEI Number 58-1839701 Applied For ☐ Not Applicable ☒																																	
6. CERTIFICATE OF STATUS DESIRED ☐																																			
7. Names and Street Addresses of Each Officer and/or Director <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1 Title(s)</th> <th style="width: 30%;">2 Name of Officers and/or Directors</th> <th style="width: 30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4 City/State/Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Sec Attached.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>700003038917--8</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11/89/99 01010 010</td> </tr> <tr> <td></td> <td></td> <td></td> <td>****900.00 ****900.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LS</td> </tr> </tbody> </table>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip		Sec Attached.						700003038917--8				11/89/99 01010 010				****900.00 ****900.00												LS
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8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road c/o CT Corporation System Plantation, FL 33324		9. Name and Address of New Registered Agent <table style="width: 100%;"> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="3">Suite, Apt. #, Etc.</td> </tr> <tr> <td>City</td> <td>State FL</td> <td>Zip Code</td> </tr> </table>		Name			Street Address (P.O. Box Number is Not Acceptable)			Suite, Apt. #, Etc.			City	State FL	Zip Code																				
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <table style="width: 100%;"> <tr> <td style="width: 40%;">Signature of Registered Agent <i>Mary R. Adams</i></td> <td style="width: 20%; text-align: center;"> MARY R. ADAMS ASSISTANT SECRETARY </td> <td style="width: 40%;">Date <i>10/18/99</i></td> </tr> </table>				Signature of Registered Agent <i>Mary R. Adams</i>	MARY R. ADAMS ASSISTANT SECRETARY	Date <i>10/18/99</i>																													
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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)																																			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <i>Tracy C. Coker</i> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR <i>9/15/99</i> Date 770-730-1103 Daytime Phone #																																			

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ATTACHMENT TO APPLICATION FOR REINSTATEMENT
CENTENNIAL HEALTHCARE CORPORATION

7. Names and Street Addresses of each Officer and/or Director

Title	Name	Address
President, CEO and Chairman of the Board	J. Stephen Eaton	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Exec. Vice President, CFO and Treasurer	Alan C. Dahl	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Exec. Vice President of Operations	Kent C. Fosha, Sr.	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Sr. Vice President, General Counsel and Assistant Secretary	Daryl Griswold	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Sr. Vice President - Finance	Joseph L. Rzepka	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Vice President - Finance	Andrew Price	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Secretary	Paul A. Quiros	191 Peachtree Street Atlanta, GA 30303
Assistant Secretary	Tracey C. Cosby	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Assistant Secretary	Lisa A. Bennett	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	J. Stephen Eaton	same
Director	Alan C. Dahl	same
Director	Andrew M. Paul	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	James B. Hoover	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	Robert A. Ortenzio	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	Bertil D. Nordin	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	W. Scott Miller	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346
Director	Charles D. Nash	400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346