# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 31 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001501981

DOCUMENT # P36741

1. Corporation Name
Central Healthcare Services, Inc.
2700 Cumberland Parkway, Suite 300
Atlanta, Georgia 30339

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)

City, & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number 58-2129755 | Applied For | Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 Pine Island Road
Plantation, Florida 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | | 11 TITLE | Co-Chairman & Director [X] Change [ ] Addition |
| NAME | | 12 NAME | Randolph G. Brown |
| STREET ADDRESS | | 13 STREET ADDRESS | 2700 Cumberland Parkway, Suite 300 |
| CITY ST ZIP | | 14 CITY ST ZIP | Atlanta, Georgia 30339 |
| TITLE | | 21 TITLE | Chairman, CEO & Director [X] Change [ ] Addition |
| NAME | | 22 NAME | Dennis R. Byerly |
| STREET ADDRESS | | 23 STREET ADDRESS | 5300 Oakbrook Parkway, Suite 300 |
| CITY ST ZIP | | 24 CITY ST ZIP | Norcross, Georgia 30093 |
| TITLE | | 31 TITLE | President [X] Change [ ] Addition |
| NAME | | 32 NAME | Michael Shure |
| STREET ADDRESS | | 33 STREET ADDRESS | 2700 Cumberland Parkway, Suite 300 |
| CITY ST ZIP | | 34 CITY ST ZIP | Atlanta, Georgia 30339 |
| TITLE | | 41 TITLE | Chief Operating Officer [X] Change [ ] Addition |
| NAME | | 42 NAME | Robert A. Meadors |
| STREET ADDRESS | | 43 STREET ADDRESS | 2700 Cumberland Parkway, Suite 300 |
| CITY ST ZIP | | 44 CITY ST ZIP | Atlanta, Georgia 30339 |
| TITLE | | 51 TITLE | Sr. Vice President, CFO & Director [X] Change [ ] Addition |
| NAME | | 52 NAME | Michael R. Cote |
| STREET ADDRESS | | 53 STREET ADDRESS | 2700 Cumberland Parkway, Suite 300 |
| CITY ST ZIP | | 54 CITY ST ZIP | Atlanta, Georgia 30339 |
| TITLE | | 61 TITLE | Vice President of Finance [X] Change [ ] Addition |
| NAME | | 62 NAME | Stephen B. Curtiss |
| STREET ADDRESS | | 63 STREET ADDRESS | 2700 Cumberland Parkway, Suite 300 |
| CITY ST ZIP | T.S. 5/31/95 | 64 CITY ST ZIP | Atlanta, Georgia 30339 |

14. 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Pamela S. Zumm 5/30/95 (404) 319-3300
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 607517 92405A

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 233.75

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ORDER DATE : May 31, 1995

ORDER TIME : 10:50 AM

100001501981

ORDER NO. : 607517

CUSTOMER NO: 92405A

CUSTOMER: Ms. Kathy Slayman
Paranet Corporation Services,
Suite 260
3761 Venture Drive
Duluth, GA 30136-5598

FILED
95 MAY 31 PM 11:41
DIVISION OF CORPORATION

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ANNUAL REPORT FILING

NAME: CENTRAL HEALTH CARE SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXXX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: TLS