C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 **Phone** City State 300002059e70: -01/16/97--01004 *****35.00 **** CORPORATION(S) NAME WelCare International Management Corporation Changed Name to: Centennial HoalthCare Management Corporation () Profit Amendment () NonProfit () Merger () Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Annual Report) Other () Limited Partnership () Reinstatement () Reservation () Change of R.A. () Fictitious Name () Limited Liability Partnership () Photo Copies () CUS () Certified Copy () Call if Problem () After 4:30 () Call When Ready Pick Up Walk In () Will Wait) Mail Out Name Avallability PLEASE RETURN EXTRA (COPY(S)) FILE STAPED Document CEIVED Examiner 1/15/97 Updater Verifier **Acknowledgment**

W.P. Verlier

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TALL SEC
SECTION I (1-3 must be completed)	
<u>WelCare International Management Corporation</u> Name of corporation as it appears with	in the records of the Department of State.
2. Incorporated under laws of: Georgia	RIDI
3. Date authorized to do business in Florida:	April 27, 1992
SECTION II (4-7 complete only the ap	plicable changes)
4. If the amendment changes the name of effected under the laws of its jurisdiction of in	of the corporation, when was the change accorporation?
November 8, 1996	
5. Name of corporation after the amendmen corporated," or appropriate abbreviation, if no	t, adding suffix "corporation," "company," "in- ot contained in new name of the corporation:
Centennial HealthCare Management Corpor	ration
6. If the amendment changes the period of do	uration, indicate new period of duration.
7. If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.
4. 00.	1/1/97
Tracey C. Caly	77/97 Date
Name and Title	Date

Tracey Cosby, Assistant Secretary

... Secretary of State

Ausiness Information and Peruidesket Number: CONTROL NUMBER: Suite 315. West Tower

2 Martin Luther King Fr. Ar.JURISDICTION: Atlanta, Georgia 30334-1530 PRINT DATE:

FORM NUMBER:

970070220 9021060 DATE INC/AUTH/FILED: 11/16/1990 GEORGIA 01/07/1997 218

CT CORPORATION SYSTEM ATTENTION: MEAGHAN D BEARSS 1201 PEACHTREE ST NE #1240 ATLANTA GA 30361

CERTIFICATE OF FACT

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

1 1 1 1 1 1 1 1 WELCARE INTERNATIONAL MANAGEMENT CORPORATION gychanged its name to CENTENNIAL HEALTHCARE MANAGEMENT CORPORATION on the 8th day of November, 1996

I further certify that said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.

SECRETARY OF STATE