

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 046 \*\*\*150.00

DOCUMENT # **P38523**

1. Corporation Name

**CENTENNIAL HEALTHCARE MANAGEMENT CORPORATION**

Principal Place of Business

**400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA GA 30346**

Mailing Address

**400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA GA 30346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1992**

4. FEI Number

**58-1918794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCC	<input type="checkbox"/> DELETE
NAME	EATON, J. STEPHEN	
STREET ADDRESS	SUITE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VPCT	<input type="checkbox"/> DELETE
NAME	DAHL, ALAN C.	
STREET ADDRESS	400 PERIMETER CENTER TERRACE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOSHA, KENT C.	
STREET ADDRESS	400 PERIMETER CENTER TERRACE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, LISA A.	
STREET ADDRESS	400 PERIMETER CENTER TERRACE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUIROS, PAUL A.	
STREET ADDRESS	191 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	CIO	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, DANIEL F	
STREET ADDRESS	400 PERIMETER CENTER TERRACE	
CITY-ST-ZIP	ATLANTA GA 30346	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO&COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Atlanta, GA 30303	
5.4 CITY-ST-ZIP		
6.1 TITLE	V, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tracey C. Cosby	
6.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
6.4 CITY-ST-ZIP	Atlanta, GA 30346	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tracey C. Cosby*

4/26/99

770-698-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Tracey C. Cosby - Vice President of Regulatory Affairs & Assistant Secretary

CR2E034 (11/98)

001372

**CENTENNIAL HEALTHCARE MANAGEMENT CORPORATION**

**400 PERIMETER CENTER TERRACE, SUITE 650**

**ATLANTA, GA 30346**

**EIN: 58-1918794**

546728-9000-46  
P38523

\*

**DIRECTOR:**

J. Stephen Eaton - Sole Director

\*

**OFFICERS:**

J. Stephen Eaton	-	CEO and Chairman of the Board
Kent C. Fosha, Sr.	-	President
Alan C. Dahl	-	Executive Vice President, CFO and Treasurer
Daryl R. Griswold	-	Senior Vice President and General Counsel and Assistant Secretary
Wayne H. Mayo	-	Senior Vice President Eastern Division
Clay F. Crosson	-	Senior Vice President Western Division
John P. Cobb	-	Senior Vice President Reimbursement
Michael C. Lake	-	Senior Vice President Business Development
Joseph L. Rzepka	-	Senior Vice President Finance
Jane Sidley Locacio	-	Senior Vice President Management Information Services
Wesley E. Debnam	-	Senior Vice President Human Resources
David W. Lading	-	Regional Vice President
Dereck Marshall	-	Regional Vice President
Steven J. Moser	-	Regional Vice President
Andrew L. Price	-	Vice President Finance
Ashley D. Ardoin	-	Vice President Management Information Services
Cleo Boulter	-	Vice President of Education and Training for PPS
Steven L. Gilleland	-	Vice President Business Development
Alan B. Cosby	-	Vice President Marketing Services
Christina L. Smith	-	Vice President Professional Services
Jami B. Hurst	-	Vice President Accounting Services
S. Christopher Mottley	-	Vice President Corporate Finance
Lisa A. Bennett	-	Vice President Corporate Administration and Assistant Secretary
Tracey C. Cosby	-	Vice President Regulatory Affairs and Assistant Secretary
Paul A. Quirós	-	Secretary

191 Peachtree Street NE Atlanta, GA 30303

\* Business Address – 400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346