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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000889 (3)
1. Corporation Name
COVENANT HEALTH SERVICES COOPERATIVE CORP.



Principal Place of Business 5151 N NINTH AVE PENSACOLA FL 32504	Mailing Address 5151 N NINTH AVE PENSACOLA FL 32504-8721
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3. Date Incorporated or Qualified 02/20/1996	3a. Date of Last Report
4. FEI Number 59-3368069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent
**MITCHEM, W. SPENCER
3 W GARDEN ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	C/D	XXXXXXXX
NAME	Eric Nickelsen	ADD
STREET ADDRESS	100 W. Garden St., 4th Floor	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VC/D/S	XXXXXXXX
NAME	Milton F. Usry	ADD
STREET ADDRESS	6553 Terrasanta	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	P/D	XXXXXXXX
NAME	James F. Vickery	ADD
STREET ADDRESS	1717 North "E" St., Suite 320	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	XXXXXXXX
NAME	John S. Carr	ADD
STREET ADDRESS	125 S. Alcaniz St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	XXXXXXXX
NAME	Dudley H. Greenhut	ADD
STREET ADDRESS	23 S. "A" St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	XXXXXXXX
NAME	Fred C. Donovan	ADD
STREET ADDRESS	316 S. Baylen St.	
CITY-ST-ZIP	Pensacola, FL 32501	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick J. Madden	
1.3 STREET ADDRESS	5151 North 9th St.	
1.4 CITY-ST-ZIP	Pensacola, FL 32504	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dennis H. Peters	
2.3 STREET ADDRESS	1717 N. "E" St., Suite 430	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George M. Ricketson, III, M.D.	
3.3 STREET ADDRESS	5147 North 9th Avenue, Suite 303	
3.4 CITY-ST-ZIP	Pensacola, FL 32503	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert C. Sansing	
4.3 STREET ADDRESS	6200 Pensacola Blvd.	
4.4 CITY-ST-ZIP	Pensacola, FL 32505	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David J. Price	
5.3 STREET ADDRESS	5151 North 9th Avenue	
5.4 CITY-ST-ZIP	Pensacola, FL 32504	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

CP2E037 (9/96)