

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000000889

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3368069	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHEM, W. SPENCER 3 W GARDEN ST PENSACOLA FL 32501				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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
CD	NICKELSEN, ERIC	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	100 W GARDEN ST, 4 FL	1.3 STREET ADDRESS	
	PENSACOLA FL	1.4 CITY-ST-ZIP	
VCDS	USRY, MILTON F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6553 TERRASANTA	2.2 NAME	
	PENSACOLA FL	2.3 STREET ADDRESS	
PD	VICKERY, JAMES F	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1717 N "E" ST, 320	3.1 TITLE	
	PENSACOLA FL	3.2 NAME	
D	CARR, JOHN S	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	125 ALCANIZ ST	3.4 CITY-ST-ZIP	
	PENSACOLA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GRENNHUT, DUDLEY	4.2 NAME	
	23 S "A" ST	4.3 STREET ADDRESS	
	PENSACOLA FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DONOVAN, FRED C	5.1 TITLE	
	316 S BAYLEN ST	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PENSACOLA FL	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

4. 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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eric Nickelsen
1/22/99 (850) 434-2244

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CR2E037 (1/98)