2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
Secretary of State

DOCUMENT# N00000002310

Entity Name: COVENANT CARE, INC.

Current Principal Place of Business:

8982 TAFT STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

8963 STIRLING ROAD
101
COOPER CITY, FL 33328

Current Mailing Address:

P.O. BOX 450614
MIAMI, FL 33245

New Mailing Address:

FEI Number: 65-0999293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPERDUTO, GUY D
8982 TAFT STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SPERDUTO, GUY D
8963 STIRLING ROAD
101
COOPER CITY, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 03/13/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOF
Name: SCARFE, FERGUS
Address: 8963 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

Title: C
Name: DRURY, JACK
Address: 8963 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

Title: T
Name: SPERDUTO, GUY
Address: 8963 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

Title: D
Name: JACKSON, ARTHOR
Address: 8963 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

Title: D
Name: BARBUSCA, ANTHONY
Address: 8963 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GUY D. SPREDUTO T 03/13/2012
Electronic Signature of Signing Officer or Director — Date