

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759452

**Entity Name:** COVENANT HOSPICE, INC.

**Current Principal Place of Business:**

5041 N 12TH AVENUE  
PENSACOLA, FL 32504

**Current Mailing Address:**

5041 N 12TH AVENUE  
PENSACOLA, FL 32504 US

**FEI Number:** 59-2208300

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, ROBERT L III, ESQ  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502 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:** JEFF MISLEVY

04/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            MISLEVY, JEFFREY M  
Address        5041 N 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            OWENS, THOMAS F  
Address        BB&T  
                  5061 N. 12TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            JENNINGS, PETER MD  
Address        5153 N 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            SARROS, STEVE  
Address        1717 NORTH E STREET  
                  STE 320  
City-State-Zip: PENSACOLA FL 32522

Title            DIRECTOR  
Name            GUTTMANN, RODNEY H PHD  
Address        UNIVERSITY OF WEST FLORIDA  
                  11000 UNIVERSITY PARKWAY  
                  BUILDING 41  
City-State-Zip: PENSACOLA FL 32514

Title            DIRECTOR  
Name            CALDWELL, MILLER III  
Address        116 N TARRAGONA ST  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            PARRA, BRETT MD  
Address        4724 N DAVIS HWY  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            CAMPBELL, JAMIE  
Address        8117 PRESTON ROAD, SUITE 300  
City-State-Zip: DALLAS TX 75225

**Continues on page 2**

*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:** JEFFREY MISLEVY

CEO

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name APPELYARD, DICK  
Address 4400 BAYOU BLVD.  
City-State-Zip: PENSACOLA FL 32503

Title VP, CFO  
Name CLENEAY, ROLAND  
Address 5041 N 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name SKOLROOD, KENT  
Address 1100 UNIVERSITY PKWY, BLDG 41  
UNIVERSITY OF WEST FLORIDA  
City-State-Zip: PENSACOLA FL 32514