

2019 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**FEI Number:** 59-2208300**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MISLEVY, JEFF
5041 N 12TH AVENUE
PENSACOLA, FL 32504 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

04/15/2019

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 PAST CHAIRMAN
Name GREENHUT, DUDLEY H
Address P.O. BOX 12603
City-State-Zip: PENSACOLA FL 32591

Title SECRETARY
Name KING, CAREY T
Address 8082 BRIAROAK DRIVE
City-State-Zip: PENSACOLA FL 32514

Title TREASURER
Name SMITH, TIMOTHY A
Address 1221 W LAKEVIEW AVENUE, BLDG A
City-State-Zip: PENSACOLA FL

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

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

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

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date