

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

10/19/2020

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            SECRETARY  
Name           KING, CAREY T  
Address        503 W CEDAR ST  
                  STE 300  
City-State-Zip: PENSACOLA FL 32502

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

Title            T  
Name           SMITH, IAN  
Address        1221 W LAKEVIEW AVE  
                  BLDG A  
City-State-Zip: PENSACOLA FL 32501

Title            T  
Name           SMITH, TIMOTHY A  
Address        1221 W LAKLEVIEW AVE  
                  BLDG A  
City-State-Zip: PENSACOLA FL 32501

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

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*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

10/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BM  
Name HAFERKAMP, DON  
Address 1501 N GUILLEMARD ST  
City-State-Zip: PENSACOLA FL 32502

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

Title CFO  
Name FRANKLIN, MARTIN  
Address 5041 N 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

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

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