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.

DIRECTOR

SIGNATURE: ANTHONY BARBUSCA

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA	NOT FOR PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# N0000002310

Entity Name: COVENANT CARE, INC.

Current Principal Place of Business:

8963 STIRLING ROAD 101 COOPER CITY, FL 33328

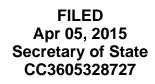
Current Mailing Address:

P.O. BOX 450614 MIAMI, FL 33245

FEI Number: 65-0999293

Name and Address of Current Registered Agent:

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



Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CEOF	Title	С	
Name	SCARFE, FERGUS	Name	DRURY, JACK	
Address	8963 STIRLING ROAD	Address	8963 STIRLING ROAD	
City-State-Zip:	COOPER CITY FL 33328	City-State-Zip:	COOPER CITY FL 33328	
Title	т	Title	D	
Name	SPERDUTO, GUY	Name	JACKSON, ARTHOR	
Address	8963 STIRLING ROAD	Address	8963 STIRLING ROAD	
City-State-Zip:	COOPER CITY FL 33328	City-State-Zip:	COOPER CITY FL 33328	
Title	D			
Name	BARBUSCA, ANTHONY			
Address	8963 STIRLING ROAD			
City-State-Zip:	COOPER CITY FL 33328			

04/05/2015

Date