

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002310

**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

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title            D  
Name            BARBUSCA, ANTHONY  
Address        8963 STIRLING ROAD  
City-State-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:** ANTHONY BARBUSCA

**DIRECTOR**

**04/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date