

2017 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: No

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

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date