

10/28/24, 2:20 PM

Division of Corporations

F24000005617Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000358981 3)))



H240003589813ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OLA@providence.org**FILED**
2024 OCT 28 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOREIGN PROFIT/NONPROFIT CORPORATION**

Covenant Medical Group Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

K. SALY

OCT 29 2024

Electronic Filing Menu

Corporate Filing Menu

Help

US

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Kristen Kothmann</u>	<input type="checkbox"/> Chairman	Name: <u>Sean Hill</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>
<input type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>	<input type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>CEO</u>	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>CFO</u>	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Kathleen Burrell</u>	<input type="checkbox"/> Chairman	Name: <u>Jeremy Dalton, MD</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>
<input type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>	<input checked="" type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Kyler Barkley, MD</u>	<input type="checkbox"/> Chairman	Name: <u>David Blann, MD</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3420 22nd Place</u>
<input checked="" type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>	<input checked="" type="checkbox"/> Director	<u>Lubbock, Texas 79410</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report Form.

13. Kathleen Burrell
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kathleen Burrell, Secretary
(Typed or printed name and capacity of person signing application)

2024 OCT 28 PM 3:27
FILED
TALLAHASSEE
FLORIDA

FILED

COVENANT MEDICAL GROUP

Address for all Officers & Directors:
3420 22nd Place
Lubbock, Texas 79410-1314

Directors

Christopher Cotton, MD
John Hanna
Kerry Hendershot, MD
Amy Henning
Sergio Lara, MD
Scott Letbetter
Ryan Owen
Komal Parmar, MD
Ibrahim Shalaby
Jack Shannon
Karen Talusan-Soriano
Paul Walter

FILED
2024 OCT 28 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for COVENANT MEDICAL GROUP (file number 146434101), a Domestic Nonprofit Corporation, was filed in this office on October 17, 1997.

It is further certified that the entity status in Texas is in existence.

FILED
2024 OCT 28 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 23, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State