

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90168 039 \*\*\*\*\*50.00

**DOCUMENT #** L01000022759

**1. Entity Name**

COVENANT MEDICAL MANAGEMENT, LLC

**DO NOT WRITE IN THIS SPACE**

B0049604

**2. Principal Place of Business**

5124 Calle Minorca

Suite, Apt. #, etc.

**3. Mailing Address**

5124 Calle Minorca

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Sarasota, FL

**City & State**

Sarasota, FL

**4. FEI Number**

88-0487293

**Applied For**

Not Applicable

**Zip**

34242

**Country**

Sarasota

**Zip**

34242

**Country**

Sarasota

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

NRAI

**Street Address (P.O. Box Number is Not Acceptable)**

526 E. Park Avenue

**City**

Tallahassee

**FL**

**Zip Code**

32301

**DO NOT WRITE  
IN THIS SPACE**

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

President  
L.E. Richey MD  
2525 West Belfort St E 120  
Houston, TX 77054

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

Secretary/Treasurer  
Robert Buckhannon D.C.  
364 Avenida Leona  
Sarasota, FL 34242

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)