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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005115 (9)

1. Corporation Name

COVENANT HEALTH SERVICES, INC.

Principal Place of Business

**2200 NORTH PALAFOX STREET
B
PENSACOLA FL 32504
US**

Mailing Address

**2200 NORTH PALAFOX STREET
PENSACOLA FL 32501-1723
US**



3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
07/09/1996

4. FEI Number
59-3355570

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

9. Name and Address of Current Registered Agent

**MADDEN, PATRICK
5151 NORTH NINTH AVE.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	NICKELSEN, ERIC	
STREET ADDRESS	2761 DUNSINANE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VICKERY, JAMES F	
STREET ADDRESS	1000 WEST MORENO ST.	
CITY-ST-ZIP	PENSACOLA FL 32522	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REMKE, ADRIAN P	
STREET ADDRESS	1000 WEST MORENO ST.	
CITY-ST-ZIP	PENSACOLA FL 32522	
TITLE	VCSD	<input type="checkbox"/> DELETE
NAME	USRY, MILTON F	
STREET ADDRESS	6553 TERRASANTA	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDEN, PATRICK	
STREET ADDRESS	5151 NORTH NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKETSON, GEORGE M.D.	
STREET ADDRESS	5147 NORTH NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072496

CR2E037 (9/96)