

• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 95000005115 1. Corporation Name COVENANT HEALTH SERVICES, INC.			
Principal Place of Business 5151 North Ninth Avenue Pensacola, FL 32504		Mailing Address 5151 North Ninth Avenue Pensacola, FL 32504	
2. Principal Place of Business 21 5151 North Ninth Avenue Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip Country 24 32504 25 USA		2a. Mailing Address 26 5151 North Ninth Avenue Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip Country 29 32504 30 USA	
3. Date incorporated or Qualified 10/30/95		4. FEI Number 59-3355570 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Patrick J. Madden 5151 North Ninth Avenue 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE NICKELSEN, ERIC 2761 Dunsinane Road Pensacola, FL 32503	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE VICKERY, JAMES F. 1000 West Moreno Street Pensacola, FL 32522	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE REMKE, ADRIAN P. 1000 West Moreno Street Pensacola, FL 32522	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCSD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE USRY, MILTON F. 6553 Terrasanta Pensacola, FL 32504	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE MADDEN, PATRICK 5151 North Ninth Avenue Pensacola, FL 32504	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002653942 -10/02/98--01008--018 ***61.25
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE RICKETSON, GEORGE, M.D. 5147 North Ninth Avenue Pensacola, FL 32504	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition YV-20 19-20
14. 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 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: _____		Patrick J. Madden (850) 416-6101	

CR2E037 (5/98)