

FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005115

1. Corporation Name

COVENANT HEALTH SERVICES, INC.

Principal Place of Business

5151 NORTH NINTH AVENUE  
PENSACOLA FL 32504  
US

Mailing Address

5151 NORTH NINTH AVENUE  
PENSACOLA FL 32504  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/30/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3355570	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDEN, PATRICK  
5151 NORTH NINTH AVE.  
PENSACOLA FL 32504

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKELSEN, ERIC	1.2 NAME	
STREET ADDRESS	2761 DUNSINANE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERY, JAMES F	2.2 NAME	
STREET ADDRESS	1000 WEST MORENO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32522	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMKE, ADRIAN P	3.2 NAME	
STREET ADDRESS	1000 WEST MORENO ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32522	3.4 CITY-ST-ZIP	
TITLE	VCSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USRY, MILTON F	4.2 NAME	
STREET ADDRESS	6553 TERRASANTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, PATRICK	5.2 NAME	
STREET ADDRESS	5151 NORTH NINTH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKETSON, GEORGE M.D.	6.2 NAME	
STREET ADDRESS	5147 NORTH NINTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Patrick J. Madden* REQUIRED 2/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 416-7000

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CR2E037 (11/98)