

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005115**

1. Entity Name

COVENANT HEALTH SERVICES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90044 044 ****61.25

Principal Place of Business

Mailing Address

**5151 NORTH NINTH AVENUE
PENSACOLA FL 32504
US****5151 NORTH NINTH AVENUE
PENSACOLA FL 32504-8721
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3355570

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Name

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

City

FL

Zip Code

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:**PATRICK J. MADDEN 1/12/00 850.416.6101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #