


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000889 (3)

1. Corporation Name
COVENANT HEALTH SERVICES COOPERATIVE CORP.

Principal Place of Business 5151 N NINTH AVE PENSACOLA FL 32504	Mailing Address 5151 N NINTH AVE PENSACOLA FL 32504-8721
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3368069		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHEM, W. SPENCER 3 W GARDEN ST PENSACOLA FL 32501				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	C/D	XXXXXX	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Nickelsen	ADD	1.2 NAME	Patrick J. Madden	
STREET ADDRESS	100 W. Garden St., 4th Floor		1.3 STREET ADDRESS	5151 North 9th St.	
CITY-ST-ZIP	Pensacola, FL 32501		1.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VC/D/S	XXXXXX	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton F. Usry	ADD	2.2 NAME	Dennis H. Peters	
STREET ADDRESS	6553 Terrasanta		2.3 STREET ADDRESS	1717 N. "E" St., Suite 430	
CITY-ST-ZIP	Pensacola, FL 32504		2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	P/D	XXXXXX	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F. Vickery	ADD	3.2 NAME	George M. Ricketson, III, M.D.	
STREET ADDRESS	1717 North "E" St., Suite 320		3.3 STREET ADDRESS	5147 North 9th Avenue, Suite 303	
CITY-ST-ZIP	Pensacola, FL 32501		3.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	XXXXXX	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John S. Carr	ADD	4.2 NAME	Robert C. Sansing	
STREET ADDRESS	125 S. Alcaniz St.		4.3 STREET ADDRESS	6200 Pensacola Blvd.	
CITY-ST-ZIP	Pensacola, FL 32501		4.4 CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	D	XXXXXX	5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dudley H. Greenhut	ADD	5.2 NAME	David J. Price	
STREET ADDRESS	23 S. "A" St.		5.3 STREET ADDRESS	5151 North 9th Avenue	
CITY-ST-ZIP	Pensacola, FL 32501		5.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	D	XXXXXX	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred C. Donovan	ADD	6.2 NAME		
STREET ADDRESS	316 S. Baylen St.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32501		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)(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, on an attachment with an address.

CP2E037 (9/96)