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 NONPROFIT FLORIDA DEPARTMENT OF STATE Aug 20 1998 8:00am[§] CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N96000000889 (3) COVENANT HEALTH SERVICES COOPERATIVE CORP. Principal Place of Business Malling Address 5151 N NINTH AVE 5151 N NINTH AVE 3. Date incorporated or Qualified PENSACOLA FL 82504 PENSACOLA FL 32504 02/20/1996 4. FEI Number Applied For 59-3368069 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Efection Campaign Financing \$5.00 May Be 22 Added to Fees 27 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes No 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHEM, W. SPENCER 82 Street Address (P.O. Box Number is Not Acceptable) 3 W GARDEN ST 83 PENSACOLA FL 32501 84 City Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition DELETE NIOKELSEN, ERIC NAME 1.2 NAME STREET ADDRESS 100 W GARDEN ST. 4 FL 1.3 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 1.4 CITY-ST-ZIP TITLE VCDS 2.1 TITLE DELETE Change Addition USRY, MILTON F 2.2 NAME 6553 TERRASANTA STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE PD DELETE 3.1 TITLE Change Addition VIOKERY, JAMES F 3.2 NAME NAME 1717 N "E" ST, 320 3.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition CARR, JOHN S NAME 4.2 NAME 125 ALCANIZ ST STREET ADDRESS 4.3 STREET ADDRESS

PENSACOLA FL 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

4.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PENSACOLA FL

23 S "A" ST

PENSACOLA FL

DONOVAN, FRED C

316 & BAYLEN ST

GRENNHUT, DUDLEY

SIGNATURE AND TOPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Eric Nickelsen

(850) 434-2244

Change Addition

Change Addition

Daytime Phone #