FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015610 (4)**

1. Corporation Name
COVENANT HEALTH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5151 N 9TH AVE PENSACOLA FL 32504	5151 N 9TH AVE PENSACOLA FL 32504-8721

3. Date Incorporated or Qualified: 02/20/1996
3a. Date of Last Report:
4. FEI Number: 59-3368073 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

MADDEN, PATRICK
5151 N 9TH AVE
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 607.0502 and 607.1508, 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 (if named herein) and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	Eric Nickelsen	1.2 NAME	Dudley H. Greenhut
STREET ADDRESS	100 W. Garden St., 4th Floor	1.3 STREET ADDRESS	23 South "A" St.
CITY-ST-ZIP	Pensacola, FL 32501	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VC/D ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	Milton Usry	2.2 NAME	Patrick J. Madden
STREET ADDRESS	6553 Terrasanta	2.3 STREET ADDRESS	5151 North 9th Avenue
CITY-ST-ZIP	Pensacola, FL 32504	2.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	P/D ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	James F. Vickery	3.2 NAME	Dennis H. Peters
STREET ADDRESS	1717 North "E" St., Suite 320	3.3 STREET ADDRESS	1717 North "E" St., Suite 430
CITY-ST-ZIP	Pensacola, FL 32501	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D ☐ DELETE ADD	4.1 TITLE	D ☐ Change ☒ Addition
NAME	John S. Carr	4.2 NAME	George M. Ricketson, III, M.D.
STREET ADDRESS	125 S. Alcaniz St.	4.3 STREET ADDRESS	5147 North 9th Avenue, Suite 303
CITY-ST-ZIP	Pensacola, FL 32501	4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	VP ☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	David J. Price	5.2 NAME	Robert C. Sansing
STREET ADDRESS	5151 North 9th Avenue	5.3 STREET ADDRESS	6200 Pensacola Blvd.
CITY-ST-ZIP	Pensacola, FL 32504	5.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	D ☐ DELETE ADD	6.1 TITLE	☐ Change ☐ Addition
NAME	Fred C. Donovan	6.2 NAME	
STREET ADDRESS	316 S. Baylen St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32501	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare that I have examined 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 607, 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 3-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #