

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**5151 N 9TH AVE
PENSACOLA FL 32504**

Mailing Address

**5151 N 9TH AVE
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**MADDEN, PATRICK
5151 N 9TH AVE
PENSACOLA FL 32504**

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. I am familiar with, and accept the obligations of, section 607.0505, 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

TITLE **CD**
NAME **NICKELSEN, ERIC**
STREET ADDRESS **100 W. GARDEN ST., 4TH FLOOR**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE

TITLE **VCD**
NAME **MILTON, USRY**
STREET ADDRESS **6553 TERRASANTA**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE

TITLE **PD**
NAME **VICKERY, JAMES F**
STREET ADDRESS **1717 NORTH "E" ST., STE. 320**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE

TITLE **D**
NAME **CARR, JOHN S**
STREET ADDRESS **125 S. ALCANIZ ST.**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE

TITLE **VP**
NAME **PRICE, DAVID J**
STREET ADDRESS **5151 NORTH 9TH AVE.**
CITY-ST-ZIP **PENSACOLA FL**

☒ DELETE

TITLE **D**
NAME **DONOVAN, FRED C**
STREET ADDRESS **316 S. BAYLEN ST.**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric Nickelsen

Eric Nickelsen

7/24/98

(850) 434-2244

CR2E034 (5/98)