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Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000050853 (5)

1. Corporation Name
COVENANT HEALTH CARE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
11510 SW 191 TERRACE MIAMI FL 33157	11510 SW 191 TERRACE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4100 EVANS AVENUE
Suite, Apt. #, etc.
22 #3
City & State
23 FT. MYERS, FLORIDA
Zip 24 | Country 25 USA

2a. Mailing Address
26 1285 PAR VIEW DRIVE
Suite, Apt. #, etc.
27
City & State
28 SANIBEL, FLORIDA
Zip 29 33957 | Country 30 USA

3. Date Incorporated or Qualified
06/09/1997

4. FEI Number
65-0776-5471
☑ 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

9. Name and Address of Current Registered Agent
OLSON, MARIA A
11510 SW 191 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name OLSON, MARIA A.
82 Street Address (P.O. Box Number is Not Acceptable) 1285 PARVIEW DRIVE
83
84 City SANIBEL FL 85 Zip Code 33957

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 MARIA A. OLSON Maria A. Olson 4-27-98
Signature, typed or printed, of new registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARIA A. OLSON		1.2 NAME	
STREET ADDRESS	1285 PARVIEW DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL. 33957		1.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARIA A. OLSON		2.2 NAME	
STREET ADDRESS	1285 PARVIEW DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL. 33957		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 Maria A. Olson 4/27/98 (941) 472-2859