FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
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
11510 SW 191 TERRACE
MIAMI FL 33157

Mailing Address
11510 SW 191 TERRACE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1997

2. Principal Place of Business
21 1100 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

4. FEI Number
65-076-5471
✓ 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 President (required) and Title (if applicable) — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	MARIA A. OLSON	
STREET ADDRESS	1285 PARVIEW DRIVE	
CITY-ST-ZIP	SANIBEL, FL. 33957	
TITLE	SECRETARY	☐ DELETE
NAME	MARIA A. OLSON	
STREET ADDRESS	1285 PARVIEW DRIVE	
CITY-ST-ZIP	SANIBEL, FL. 33957	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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.

Maria A. Olson — 4/27/98 — (941) 472-2869

CR2E034 (10/97)