

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748316

Entity Name: COVENANT CARE CENTER, INC.

Current Principal Place of Business:

5700 OLD ORCHARD RD.
SKOKIE, IL 60077

Current Mailing Address:

5700 OLD ORCHARD ROAD
SKOKIE, IL 60077

FEI Number: 59-1948940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name FISK, RICK K
Address 5700 OLD ORCHARD RD
City-State-Zip: SKOKIE IL 60077

Title T
Name BUIKEMA, ELIZABETH B
Address 5700 OLD ORCHARD RD
City-State-Zip: SKOKIE IL 60077

Title VP
Name ERICKSON, DAVID G
Address 5700 OLD ORCHARD RD
City-State-Zip: SKOKIE IL 60077

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID G ERICKSON

VP

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date