

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002470

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**5241518670CC**

**Entity Name:** COVENANT HEALTH AND COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

5041 NORTH 12TH AVENUE  
PENSACOLA, FL 32504

**Current Mailing Address:**

5041 NORTH 12TH AVENUE  
PENSACOLA, FL 32504 US

**FEI Number:** 46-5132177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, ROBERT L III, ESQ  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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 DIRECTOR  
Name GUTTMANN, RODNEY PHD  
Address UNIVERSITY OF WEST FLORIDA  
11000 UNIVERSITY PARKWAY  
BUILDING 41  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name OWENS, TOM  
Address BB&T  
5061 N. 12TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title PRESIDENT/CEO  
Name MISLEVY, JEFF  
Address 5041 N. 12TH AVE.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name CALDWELL, MILLER III  
Address 116 N TARRAGONA ST  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name JENNINGS, PETER MD  
Address 5153 N 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name PARRA, BRETT MD  
Address 4724 N DAVIS HWY  
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR  
Name SARROS, STEVE  
Address 1717 NORTH E STREET  
STE 320  
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR  
Name APPLEYARD, DICK  
Address 4400 BAYOU BLVD.  
City-State-Zip: PENSACOLA FL 32503

**Continues on page 2**

*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:** JEFF MISLEVY

**PRESIDENT/CEO**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CAMPBELL, JAMIE  
Address        8117 PRESTON ROAD, SUITE 300  
City-State-Zip: DALLAS TX 75225

Title           DIRECTOR  
Name           SKOLROOD, KENT  
Address        1100 UNIVERSITY PKWY, BLDG 41  
                  UNIVERSITY OF WEST FLORIDA  
City-State-Zip: PENSACOLA FL 32514