

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050274

**Entity Name:** COVENANT HOME HEALTH CARE 9, INC.

**Current Principal Place of Business:**

5130 LINTON BLVD, C-3  
DELRAY BEACH, PALM BEACH, FL 33484

**Current Mailing Address:**

5130 LINTON BLVD, C-3  
DELRAY BEACH, PALM BEACH, FL 33484 US

**FEI Number:** 45-2411364

**Certificate of Status Desired:** No

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

JONES, ROBERT L III, ESQ.  
601 SOUTH PALAFOX 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:** ROBERT L. JONES, III

04/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title INTERIM CEO/PRESIDENT  
Name GUTTMANN, RODNEY  
Address 5101 N. 12TH AVENUE, STE B  
City-State-Zip: PENSACOLA FL 32504

Title VP  
Name CAMPBELL, BLAKE  
Address 5101 N. 12TH AVENUE, STE B  
City-State-Zip: PENSACOLA FL 32504

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RODNEY GUTTMANN

INTERIM CEO/PRESIDENT 04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date