

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000010128

**Entity Name:** COVALENT, INC.

**Current Principal Place of Business:**

300 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

300 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32301 US

**FEI Number:** 81-5244354

**Certificate of Status Desired:** No

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

JACKSON, THOMAS  
300 WEST PENSACOLA 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 P, D  
Name JACKSON, THOMAS  
Address 535 JOHN KNOX ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title T, D  
Name WINGER, CRAIG  
Address 535 JOHN KNOX ROAD  
City-State-Zip: TALLAHASSEE FL 32303

*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:** THOMAS JACKSON

**FOUNDER**

**03/26/2020**

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

\_\_\_\_\_  
Date