

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002865

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** COVENTRY HEALTH CARE NATIONAL NETWORK, INC.

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Principal Place of Business:**

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Mailing Address:**

**FEI Number:** 20-5185442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      US

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
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

04/07/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: VP  
Name: BRIDGES, JIM R  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: AS  
Name: WEINBERG, JONATHAN D  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: AT  
Name: TUOZZO, MELINDA L  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: CEO  
Name: KARP, ALLEN  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: TRE  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

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: SHIRLEY R. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC

04/07/2011

\_\_\_\_\_  
Date