

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108819

Entity Name: COVENTRY HEALTH CARE OF FLORIDA, INC.**Current Principal Place of Business:**6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817**Current Mailing Address:**6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817 US**FEI Number:** 65-0986441**Certificate of Status Desired:** No**Name and Address of Current 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

Date

Officer/Director Detail :

Title P
Name CIANO, CHRISTOPHER A
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

Title VP
Name WEISS, RICHARD
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

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

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

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

Title DIRECTOR
Name WEISS, RICHARD
Address 6705 ROCKLEDGE DRIVE
SUITE 900
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name CIANO, CHRISTOPHER A
Address 6705 ROCKLEDGE DRIVE
SUITE 900
City-State-Zip: BETHESDA MD 20817

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

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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**SECRETARY****03/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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