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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000437 (1)**

1. Corporation Name
COVENTRY HEALTHCARE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
9881 MAYLAND DR RICHMOND VA 23285-5603	9881 MAYLAND DR RICHMOND VA 23233-1411

3. Date Incorporated or Qualified: **01/24/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 **9881 Mayland Drive**
Suite, Apt. #, etc. 22
City & State 23 **Richmond, VA.**
Zip 24 **32385** Country 25 **USA**

2a. Mailing Address
26 **9881 Mayland Drive**
Suite, Apt. #, etc. 27
City & State 28 **Richmond, VA.**
Zip 29 **23233** Country 30 **USA**

4. FEI Number: **54-1564126** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DRAKE, JANET
8705 PERIMETER PARK BLVD #3
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, Type or Print Name of the Secretary and Other Applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	DC	☒ Change ☒ Addition
NAME	KUGELMAN, LAWRENCE N		1.2 NAME	Allen F. Wise	
STREET ADDRESS	53 CENTURY BLVD #250		1.3 STREET ADDRESS	53 Century Blvd.	
CITY-ST-ZIP	NASHVILLE TN 37214		1.4 CITY-ST-ZIP	Suite 250 Nashville, TN. 37214	
TITLE	CEO	☒ DELETE	2.1 TITLE	President & CEO	☐ Change ☒ Addition
NAME	KUGELMAN, LAWRENCE N		2.2 NAME	James L. Gore	
STREET ADDRESS	53 CENTURY BLVD #250		2.3 STREET ADDRESS	9881 Mayland Drive	
CITY-ST-ZIP	NASHVILLE TN 37214		2.4 CITY-ST-ZIP	Richmond, VA. 23233	
TITLE	DCFO	☒ DELETE	3.1 TITLE	Director & Assistant Treasurer	☐ Change ☒ Addition
NAME	JONES, RICHARD H		3.2 NAME	Jan H. Hodges	
STREET ADDRESS	53 CENTURY BLVD #250		3.3 STREET ADDRESS	53 Century Blvd	
CITY-ST-ZIP	NASHVILLE TN 37214		3.4 CITY-ST-ZIP	Suite 250 Nashville,TN. 37214	
TITLE	T	☒ DELETE	4.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	JONES, RICHARD H		4.2 NAME	Shirley R. Smith	
STREET ADDRESS	53 CENTURY BLVD #250		4.3 STREET ADDRESS	53 Century Blvd., Suite 250	
CITY-ST-ZIP	NASHVILLE TN 37214		4.4 CITY-ST-ZIP	Nashville, TN 37214	
TITLE	DV	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MERKEL, FREDERICK G		5.2 NAME		
STREET ADDRESS	2601 MARKET PL ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISBURG PA 17110-9339		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GORE, JAMES L		6.2 NAME		
STREET ADDRESS	9881 MAYLAND DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23285-5603		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley R. Smith **Shirley Smith** **3/21/97** **800/861-9379 ext. 2454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone