

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

9881 MAYLAND DRIVE
RICHMOND VA 23285
US

Mailing Address

9881 MAYLAND DRIVE
RICHMOND VA 23285
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

54-1564126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6705 ROCKLEDGE DRIVE
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

22

27 SUITE 900

23

28 BETHESDA, MD

24

28 20817

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME WISE, ALLEN F
STREET ADDRESS 53 CENTURY BLVD. STE 250
CITY-ST-ZIP NASHVILLE TN

TITLE PCEO ☐ DELETE

NAME GORE, JAMES L
STREET ADDRESS 9881 MAYLAND DRIVE
CITY-ST-ZIP RICHMOND VA

TITLE DAT ☒ DELETE

NAME HODGES, JAN H
STREET ADDRESS 53 CENTURY BLVD. STE 250
CITY-ST-ZIP NASHVILLE TN

TITLE SD ☐ DELETE

NAME SMITH, SHIRLEY R
STREET ADDRESS 53 CENTURY BLVD. STE 250
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
1.4 CITY-ST-ZIP BETHESDA, MD 20817

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ASST SEC. ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
4.4 CITY-ST-ZIP BETHESDA, MD 20817

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DALE B. WOLF
5.3 STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
5.4 CITY-ST-ZIP BETHESDA, MD 20817

6.1 TITLE VT ☐ Change ☒ Addition

6.2 NAME GEORGE WHEELER
6.3 STREET ADDRESS 9881 MAYLAND DRIVE
6.4 CITY-ST-ZIP RICHMOND, VA. 23233

14. I 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

[Signature] QUINCY

8/19/98

(301) 881-1100

CR2E034 (5/98)