

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90044 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F96000000437 (1)

1. Corporation Name

Coventry HealthCare Management Corporation

Principal Place of Business 9881 Mayland Drive Richmond, VA 23233 US	Mailing Address 6705 Rockledge Drive Suite 900 Bethesda, MD 20817 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/24/1996
4. FEI Number 54-1564126
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	30 Zip Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/Chairman <input type="checkbox"/> DELETE	1.1 TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wise, Allen F	1.2 NAME	Fishkin, Stuart M
STREET ADDRESS	6705 Rockledge Dr., Suite 900	1.3 STREET ADDRESS	6705 Rockledge Dr., Suite 900
CITY - ST - ZIP	Bethesda, MD 20817	1.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President&CEO/Direct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gore, James L	2.2 NAME	Lavelle, J. Stewart
STREET ADDRESS	9881 Mayland Drive	2.3 STREET ADDRESS	9881 Mayland Drive
CITY - ST - ZIP	Richmond, VA 23233	2.4 CITY - ST - ZIP	Richmond, VA 23233
TITLE	Asst. Secretary <input type="checkbox"/> DELETE	3.1 TITLE	VP-Planning&Develop. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Shirley R	3.2 NAME	Walter, Eileen
STREET ADDRESS	6705 Rockledge Dr, Suite 900	3.3 STREET ADDRESS	9881 Mayland Drive
CITY - ST - ZIP	Bethesda, MD 20817	3.4 CITY - ST - ZIP	Richmond, VA 23233
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	VP-Health&Plan Svcs. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolf, Dale	4.2 NAME	Adkins, Jennifer
STREET ADDRESS	6705 Rockledge Dr., Suite 900	4.3 STREET ADDRESS	9881 Mayland Drive
CITY - ST - ZIP	Bethesda, MD 20817	4.4 CITY - ST - ZIP	Richmond, VA 23233
TITLE	VP-Finance & Treasury <input type="checkbox"/> DELETE	5.1 TITLE	VP-Finance&Treasury <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler, George	5.2 NAME	Wheeler, George
STREET ADDRESS	9881 Mayland Drive	5.3 STREET ADDRESS	940 Westport Plaza, Suite 300
CITY - ST - ZIP	Richmond, VA 23233	5.4 CITY - ST - ZIP	St. Louis, MO 63146
TITLE	VP - Operations <input type="checkbox"/> DELETE	6.1 TITLE	VP-Sales & Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayland, Charles	6.2 NAME	Dove, Eric
STREET ADDRESS	9881 Mayland Drive	6.3 STREET ADDRESS	9881 Mayland Drive
CITY - ST - ZIP	Richmond, VA 23233	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, with all other like empowered.

**SIGNATURE:**  **Asst. Treasurer** 4/9/99 301-581-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #