

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000437

1. Entity Name

COVENTRY HEALTHCARE MANAGEMENT CORPORATION

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90019 044 ***150.00

Principal Place of Business

Mailing Address

9881 MAYLAND DRIVE
RICHMOND VA 32385
US

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA MD 20817-1814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1564126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, JANET
8705 PERIMETER PARK BLVD #3
JACKSONVILLE FL 32216

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

8. 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

[Signature] ARTER

1-13-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME WISE, ALLEN F
STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
CITY-ST-ZIP BETHESDA MD 20817

TITLE D ☐ Change ☒ Addition
NAME McDonough, Thomas P.
STREET ADDRESS 6705 Rockledge Dr., Ste 900
CITY-ST-ZIP Bethesda, MD 20817

TITLE PCD ☐ Delete
NAME LAVELLE, J. STEWART
STREET ADDRESS 9881 MAYLAND DRIVE
CITY-ST-ZIP RICHMOND VA 23233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLF, DALE B
STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME SMITH, SHIRLEY R
STREET ADDRESS 6705 ROCKLEDGE DRIVE, SUITE 900
CITY-ST-ZIP BETHESDA MA 20817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☒ Delete
NAME WHEELER, GEORGE
STREET ADDRESS 9881 MAYLAND DRIVE
CITY-ST-ZIP RICHMOND VA 23233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SHERRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000

301-581-0600
X 2280

Date

Daytime Phone

CR2E034 (9/99)