

F960000000437

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coventry HealthCare Management Corporation
(Name of corporation)

DOCUMENT NUMBER: F96000000437

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Rhonda Reed

(Name of Person)

Coventry Health Care, Inc.

(Firm/Company)

6705 Rockledge Drive, Suite 900

(Address)

Bethesda, Maryland 20817

(City/State and Zip code)

For further information concerning this matter, please call:

Rhonda Reed

(Name of Person)

at (301) 581-5633

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

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-04/26/02-01068-004
*****35.00 *****35.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

02 APR 26 PM 4:07

FILED

Ps 5/2/02
W. H. Leavel

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Coventry HealthCare Management Corporation
(Name of Corporation)

Virginia

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

6705 Rockledge Drive, Suite 900

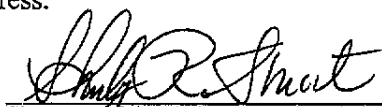
(Mailing Address)

Bethesda, Maryland 20817

(City/ State /Zip)

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02 APR 26 PM 4:07
DEPT. OF STATE
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Assistant Secretary

Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

Shirley R. Smith

Typed or printed name

4/17/02

Date