

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000956

FILED
Apr 16, 2009
Secretary of State

Entity Name: MHNET SPECIALTY SERVICES, LLC

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE, #900
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE DRIVE, #900
BETHESDA, MD 20817

New Mailing Address:

FEI Number: 11-1111111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COVENTRY HEALTH CARE, INC.
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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Title: () Delete
Name:
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUERTIN, SHAWN M
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: MGR () Change (X) Addition
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: SMGR () Change (X) Addition
Name: SMITH, SHIRLEY A
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: VP () Change (X) Addition
Name: NORRIS, SUSAN
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: CFO () Change (X) Addition
Name: WILSON, ROBERT
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

Title: AS () Change (X) Addition
Name: WEINBERG, JONATHAN D
Address: 6705 ROCKLEDGE DRIVE, #900
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN WEINBERG

AS

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date