2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# M10000001486

Entity Name: COVENTRY CARELINK INSURANCE SERVICES, LLC

Current Principal Place of Business:

1302 CONCOURSE DRIVE, SUITE 202
LINTHICUM, MD 21090

New Principal Place of Business:

1302 CONCOURSE DRIVE, SUITE 303
LINTHICUM, MD 21090

Current Mailing Address:

1302 CONCOURSE DRIVE, SUITE 202
LINTHICUM, MD 21090

New Mailing Address:

1302 CONCOURSE DRIVE, SUITE 303
LINTHICUM, MD 21090

FEI Number: 52-2269725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: COVENTRY CARELINK IN, SURANCE COMPAN Y OF MD
Address: 1302 CONCOURSE DRIVE, SUITE 202
City-St-Zip: LINTHICUM, MD 21090

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA T MCILWAIN AA 04/23/2007

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