

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001486

**FILED
Apr 30, 2008
Secretary of State**

Entity Name: COVENTRY CARELINK INSURANCE SERVICES, LLC

Current Principal Place of Business:

1302 CONCOURSE DRIVE, SUITE 303
LINTHICUM, MD 21090

New Principal Place of Business:

Current Mailing Address:

1302 CONCOURSE DRIVE, SUITE 303
LINTHICUM, MD 21090

New Mailing Address:

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: MGR (X) Change () Addition
Name: COVENTRY CARELINK IN, SURANCE COMPAN Y OF MD
Address: 1302 CONCOURSE DRIVE, SUITE 303
City-St-Zip: LINTHICUM, MD 21090

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: WILLIAM J. NEUGROSCHEL

PRES

04/30/2008

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