

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159923

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** COVENTRY SUMMIT HEALTH PLAN, INC.

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
BETHESDA, MD 20817 US

**New Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 US

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
BETHESDA, MD 20817 US

**New Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 US

**FEI Number:** 20-1976986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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:

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ACT  
Name: FINKELMAN, ROBERT J  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

Title: CEO  
Name: CIANO, CHRISTOPHER A  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

Title: CFO  
Name: WEISS, RICHARD  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

Title: SEC  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

Title: AT  
Name: TUOZZO, MELINDA L  
Address: 6705 ROCKLEDGE, DRSUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

Title: DIR  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY R. SMITH

SEC

04/06/2011

Electronic Signature of Signing Officer or Director

Date