

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035790

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** COVENTRY HEALTHCARE FACILITY MANAGEMENT CONSULTING INC

**Current Principal Place of Business:**

725 ADIDAS ROAD  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 ADIDAS ROAD  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 26-2401687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

COVENTRY, CHRISTOPHER  
725 ADIDAS ROAD  
WINTER SPRINGS, FL 32708 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: CHRISTOPHER COVENTRY

03/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: COVENTRY, CHRISTOPHER J  
Address: 725 ADIDAS ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TRES ( ) Delete  
Name: COVENTRY, LYNDA A  
Address: 725 ADIDAS ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SEC ( ) Delete  
Name: COVENTRY, CHRISTOPHER J  
Address: 725 ADIDAS ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DIR ( ) Delete  
Name: COVENTRY, CHRISTOPHER J  
Address: 725 ADIDAS ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER COVENTRY

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date