

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064157

FILED
Apr 27, 2010
Secretary of State

Entity Name: COVENTRY HEALTH PLAN OF FLORIDA, INC.

Current Principal Place of Business:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

New Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817 US

Current Mailing Address:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

New Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817 US

FEI Number: 65-0453436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUITVE PARK DR STE 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: RIFAAT, HASSAN S
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

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

Title: CFO
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: S
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: D
Name: GUERIN, SHAWN M
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: VP
Name: BROUSSARD, KARL J
Address: 6705 ROCKLEDGE, DRSUITE 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

S

04/27/2010

Electronic Signature of Signing Officer or Director

Date