FILED Apr 16, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S14355**

1. Corporation Name

**COVENTRY HEALTHCARE CORPORATION** 

Principal Place of Business Mailing Address							- c indicidia ini sieti dinna ciini diini diila nii dinii	Billit Billit Alber	Blatt atatt jaar
3410 SW ISLEWORTH CIR			3410 SW ISLEWORTH CIR				Ì		
PALM CITY FL 34990 PALM CITY FL 34990							DO NOT WRITE IN THIS	COACE	
U\$ U\$							\	SPACE	
							3. Date Incorporated or Qualifed		
2 Deigning D	loop of Business	722	Mailing Address				11/26/1990 4. FEI Number		oplied For
2. Principal Place of Business			¬ -				1	f4	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0236570		Additional
			3416, Apr. #, etc.				5. Certifcate of Status Desired	*	equired
22			City & State				C Stadio Compiler Simulation		<del></del> -
<del></del>			า ้				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 -Zip	Country	28	Zip .:.	Coun	ntrv		8. This corporation owes the current year Ir		
24	25	29	¬ '				Personal Property Tax.	Yes	<b>⊠</b> No
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered		
<del></del>					81	Name			
GLE	NN C. JOHNSON			<u> </u>	_				
3410 SW ISLESWORTH CIR				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		. }	
PALM CITY FL 34990				h	83				
				L					
			•	1	84	City	FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					i	-named como		f changing its	registered
office or re	egistered agent, or both, in the State	of Flori	ida. Such change was aut	horized	by t	the corporation	's board of directors. I hereby accept the appo	intment as re	gistered
agent. I ai	m familiar with, and accept the obliga-	ions o	f, Section 607.0505, Florid	da Statui	tes.				
SIGNATURE	Signature, typed or printed name of registered ager	t and title	a if applicable (NOTE: B	A hereteines	Agent	t signature required v	when reinstating) DATE		[
12.	OFFICERS AN		<del></del>	13.	- gori	. signaturo roquitos	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DVS		☐ DELETE	1.1 100	Æ	<del></del>	<del></del>	☐ Change	☐ Addition
NAME	JOHNSON, GLENN C.			1.2 NA	ME.	1			
STREET ADDRESS				1	1.3 STREET ADDRESS				[
CITY-ST-ZIP				1.4 CITY		- 1			1
TITLE	TABII CITT L GASSO			1.7 011	1.01				
NAME			□ DELETE	2.1 TITL	ĿΕ	ſ		Change	☐ Addition
			☐ DELETE			. [		Change	Addition
STORET ANNUESS			□ DEL€TE	2.2 NAA	ΜE	ADDRESS		Change	☐ Addition
STREET ADDRESS			□ DELETE	2.2 NAA 2.3 STR	ME REET	ADDRESS		Change	☐ Addition
CITY-ST-ZIP				2.2 NAA 2.3 STR 2.4 CIT	ME REET IY-SI	· · · · · · · · · · · · · · · · · · ·			
CITY+ST-ZIP TITLE			☐ DELETE	2.2 NAA 2.3 STR 2. 4 CIT 3.1 TITL	ME REET IY-SI LE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME		<del>_</del>		2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	WE REET IY-SI LE WE	T-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	ME REET IY-SI LE WE	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4, CIT	ME Y-SI LE WE REET	T-ZIP ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<del></del>		2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4, CIT 4.1 TITL	ME TY-SI LE ME REET. TY-SI LE	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		•	DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA	ME TY-SI LE WE WE TY-SI LE	T-ZIP  ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAV	ME  Y-SI  E  WE  Y-SI  A  E  KEET  A  KEET  KEET  KEET  KEET  KEET  KEET  KEET	T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • •	DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT	ME Y-SI LE WE Y-SI LE ME ME ME Y-SI Y-SI Y-SI	T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAV	ME  REET  Y-S1  E  WE  REET  E  ME  REET  A  REET  LE	T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

4/11/99 561/220-4009

Change

Addition