2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$14355

1. Entity Name

City & State

Zip

COVERTDY HEALTHCADE CORROBATION

Country

GLENN C. JOHNSON

3410 SW ISLESWORTH CIR PALM CITY FL 34990

9. This corporation is eligible to satisfy its Intangible

JOHNSON, GLENN C.

PALM CITY FL 34990

3410 SW ISLEWORTH CIR

Tax filing requirement and elects to do so.

(See criteria on back)

11.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE

TITLE

NAME

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

COVENTRY HEALTHCARE OF	DIFORMION	
Principal Place of Business	Mailing Address	
3410 SW ISLEWORTH CIR Tall City FL 34990 US	3410 SW ISLEWORTH CIR PALM CITY FL 34990-3167 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

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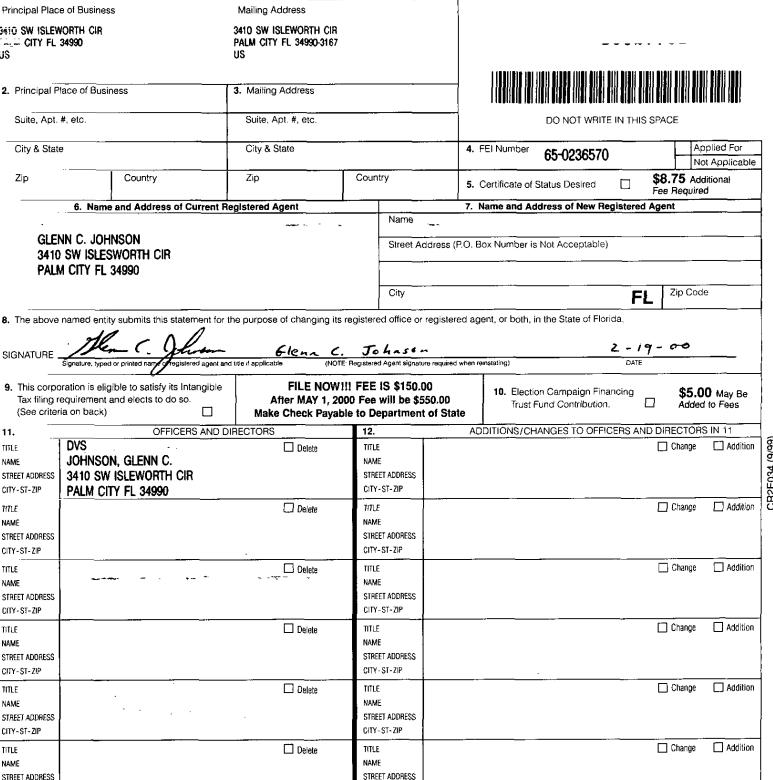
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Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90051 020 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR