FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2001 8:00 am **DOCUMENT #** S14355 Secretary of State 1. Entity Name 07-24-2001 90042 006 ***150.00 COVENTRY HEALTHCARE CORPORATION Principal Place of Business Mailing Address 3410 SW ISLEWORTH CIR 3410 SW ISLEWORTH CIR DODOOMAOO PALM CITY FL 34990 PALM CITY FL 34990 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0236570 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENN C. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 3410 SW ISLESWORTH CIR PALM CITY FL 34990 Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE DVS ☐ Addition ☐ Delete TITLE JOHNSON, GLENN C. NAME STREET ADDRESS 3410 SW ISLEWORTH CIR STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

COLAGUE AND TYPED OF SOUTH NAME OF SIGNING OFFICE OF DIFFE

7/18/00

5.61-220-4009

Davtime Phone

COVENTRY Healthcare Corporation

07/18/01

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

S14355

Enclosed is my 2001 Uniform Business Report. This is the first notice that I have received.

Please accept my enclosed check of \$150.00 as adequate payment. Besides the fact that it is an undue hardship to pay \$550.00, I don't think it is fair that I should have to pay a penalty since this is the first notice that I have received.

I hope you will accept my payment and process my paperwork. I am making a note in my calendar to call your department next year if I do not receive this paperwork in the early part of the year.

I can only hope that you will believe me, and accept my payment to process my paperwork.

If you have any questions or directives, please contact me. My contact information is as follows:

Glenn C. Johnson Coventry Healthcare Corp. 3410 SW Islesworth Circle Palm City, FL 34990

coventry@adelphia.net

888.409.4009

Thank you for your prompt attention to this matter.

Sincerely,

Glenn C. Johnson