

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000064157

**Entity Name:** COVENTRY HEALTH PLAN OF FLORIDA, INC.**Current Principal Place of Business:**6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817**Current Mailing Address:**6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 US**FEI Number:** 65-0453436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CIANO, CHRISTOPHER A  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title CEO  
Name CIANO, CHRISTOPHER A  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title CFO  
Name WEISS, RICHARD  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title SEC  
Name SMITH, SHIRLEY R  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title TREA  
Name RUHLMANN, JOHN J  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIR  
Name CIANO, CHRISTOPHER A  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name WEISS, RICHARD  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name RUHLMANN, JOHN J.  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

**Continues on page 2**

*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**SECRETARY****05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SMITH, SHIRLEY R
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-Zip:	BETHESDA MD 20817