

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90106 043 ***150.00

DOCUMENT # F17888

1. Entity Name

CIGNA HEALTHCARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5404 CYPRESS CENTER DR
 100
 TAMPA FL 33609-1069
 US

C/O CIGNA TAX DEPT S-260
~~PHYSICIAN~~
 HARTFORD CT 06152 -2260
 US

00009058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2089259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **GREGOR, JOSEPH C.**
 STREET ADDRESS **5404 CYPRESS CENTE RDR., SUITE 345**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** Delete
 NAME **STACHLEK, STEPHEN**
 STREET ADDRESS **900 COTTAGE GROVE RD**
 CITY-ST-ZIP **BLOOMFIELD CT**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **KOPP, DAVID C**
 STREET ADDRESS **900 COTTAGE GROVE RD.**
 CITY-ST-ZIP **BLOOMFIELD CT**

TITLE **Sec.** Change Addition
 NAME **Susan L. COOPER**
 STREET ADDRESS **900 Cottage Grove Rd W15**
 CITY-ST-ZIP **Hartford, CT 06152-5015**

TITLE **D** Delete
 NAME **CORDANI, DAVID M**
 STREET ADDRESS **900 COTTAGE GROVE RD**
 CITY-ST-ZIP **HARTFORD CT 06152**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **PORCELLO, DAVID M**
 STREET ADDRESS **900 COTTAGE GROVE ROAD**
 CITY-ST-ZIP **BLOOMFIELD CT 06152**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WEYMER, JOHN D**
 STREET ADDRESS **12100 FORD RD STE 100**
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **AS** Change Addition
 NAME **John m. Lyons**
 STREET ADDRESS **900 Cottage Grove Rd S-260**
 CITY-ST-ZIP **Hartford, CT 06152**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)