# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**Secretary of State**

DOCUMENT# F17888

**Entity Name:** CIGNA HEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607

**New Principal Place of Business:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

**Current Mailing Address:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607

**New Mailing Address:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

**FEI Number: 59-2089259** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: CROOKS, ANDREW D PRES
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: VPT
Name: LAMBERT, SCOTT R VPT
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: SEC
Name: MAPP, SHERMONA SEC
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: DIR
Name: COOK, M.D., ERNEST DIR
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: DIR
Name: GOLDBERG, DAVID DIR
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: DIR
Name: JOSEPHS, M.D., SCOTT T DIR
Address: 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

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: LAURA LOUIS POA 04/27/2012

Electronic Signature of Signing Officer or Director Date