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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G29835 (7)

1. Corporation Name:
CIGNA DENTAL HEALTH OF FLORIDA, INC.



Principal Place of Business: **300 NW 82ND AVENUE STE. 700 PLANTATION FL 33324**
Mailing Address: **300 NW 82ND AVENUE STE. 700 PLANTATION FL 33324-1858**

3. Date Incorporated or Qualified: **03/11/1983**
3a. Date of Last Report: **10/08/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1611217	Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDERON, ZAYRA F.	1.2 NAME	Douglas E. Klinger
STREET ADDRESS	300 NW 82ND AVE., STE. 700	1.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700
CITY - ST - ZIP	PLANTATION FL 33324	1.4 CITY - ST - ZIP	Plantation, FL 33324
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, GAIL M.	2.2 NAME	
STREET ADDRESS	300 NW 82ND AVE., STE. 700	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	2.4 CITY - ST - ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNADY, DAVID O	3.2 NAME	Benjamin K. Haynes
STREET ADDRESS	300 NW 82ND AVE STE 700	3.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	Plantation, FL 33324
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ROBERT J	4.2 NAME	
STREET ADDRESS	300 NW 82ND AVE., STE. 700	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D David J. Deporter
STREET ADDRESS		5.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Hughes **Robert J. Hughes** **04/28/97** **(954) 423-5800**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0283360

CR2E034 (9/96)