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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G29835**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/11/1983
 4. FEI Number: 59-1611217
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, 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	NAME: CORSWELL, THOMAS A	1.1 TITLE:	Croswell, Thomas A.
STREET ADDRESS: 300 NW 82ND AVE, SUITE 700	CITY-ST-ZIP: PLANTATION FL	1.2 NAME:	
TITLE: VSD	NAME: GARCIA, GAIL M.	1.3 STREET ADDRESS:	
STREET ADDRESS: 300 NW 82ND AVE., STE. 700	CITY-ST-ZIP: PLANTATION FL 33324	1.4 CITY-ST-ZIP:	
TITLE: PD	NAME: HAYNES, BENJAMIN K	2.1 TITLE:	President only, no longer Director
STREET ADDRESS: 300 NW 82ND AVE STE 700	CITY-ST-ZIP: PLANTATION FL	2.2 NAME:	
TITLE: VTD	NAME: ROHAN, KAREN S	2.3 STREET ADDRESS:	
STREET ADDRESS: 300 NW 82ND AVE., STE. 700	CITY-ST-ZIP: PLANTATION FL 33324	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: DEPORTER, DAVID J	3.1 TITLE:	
STREET ADDRESS: 300 NW 82ND AVE., SUITE 700	CITY-ST-ZIP: PLANTATION FL	3.2 NAME:	
TITLE: T	NAME: THOMPSON, LAILA K	3.3 STREET ADDRESS:	
STREET ADDRESS: 300 NW 82ND AVE, SUITE 700	CITY-ST-ZIP: PLANTATION FL 33324	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	Frank L. Lucia
		4.2 NAME:	300 N.W. 82nd Avenue Suite# 700
		4.3 STREET ADDRESS:	Plantation, FL 33324
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. 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 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, with all other like empowered.

SIGNATURE: *Laila Thompson* DATE: 04/27/1999 (954) 423-5800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)