


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # G29835 1. Entity Name CIGNA DENTAL HEALTH OF FLORIDA, INC.	
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Principal Place of Business 300 NW 82ND AVENUE STE. 700 PLANTATION, FL 33324	Mailing Address 300 NW 82ND AVENUE STE. 700 PLANTATION, FL 33324
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1611217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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00000449825  
 03/07/06-80068-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO ROHAN, KAREN S 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARCIA, GAIL M. 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHAN, KAREN S 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAAS, MICHELE I 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMAIO, BARBARA G 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele Haas VP/Secretary 2/20/06 (954)423-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #