
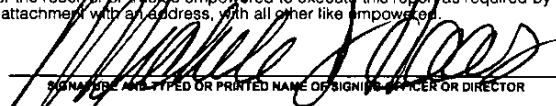


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 010 ***150.00

DOCUMENT # G29835				
1. Entity 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		
2. Principal Place of Business - No P.O. Box # 1571 Sawgrass Corporate Parkwy		3. Mailing Address Same		
Suite, Apt. #, etc. Suite 140		Suite, Apt. #, etc.		
City & State Sunrise, Florida 33323		City & State		
Zip 33323	Country Broward	Zip	Country	4. FEI Number 59-1611217 Applied For Not Applicable
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
				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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROHAN, KAREN S 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Cottage Grove Road Hartford, CT 06152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARCIA, GAIL M. 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD Michele I. Haas 1571 Sawgrass Corporate Parkway Sunrise, Florida 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHAN, KAREN S 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Cottage Grove Road Hartford, CT 06152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAAS, MICHELE I 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leanne J. Nicholson 900 Cottage Grove Road Hartford, CT 06152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMAIO, BARBARA G 300 NW 82ND AVE, STE 300 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Cottage Grove Road Hartford, CT 06152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowerments.				
SIGNATURE: 		Date: 4/25/07 Daytime Phone #: 954-514-6600		