

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29835

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** CIGNA DENTAL HEALTH OF FLORIDA, INC.

**Current Principal Place of Business:**

1571 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1571 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 59-1611217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PDIR  
**Name:** ROHAN, KAREN S PDIR  
**Address:** 1571 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** DSEC  
**Name:** HAAS, MICHELE IRIS DSEC  
**Address:** 1571 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** TDIR  
**Name:** WARRINGTON, JUSTIN J TDIR  
**Address:** 1571 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VP  
**Name:** FLEBOTTE, LAUREL ANN VP  
**Address:** 1571 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

POA

04/14/2010

\_\_\_\_\_  
Date