SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Sep 15 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 # **H06472** **(5)**

1. Corporation Name
AETNA U.S. HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4890 W KENNEDY #545 TAMPA FL 33609	4890 W KENNEDY #545 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2411584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARADONNA, JOSEPH S., M. 13801 BRUCE B. DOWNS BL TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P J.Scott Murphy 115 Perimeter Ctr.Place, Ste 777 Atlanta, Ga. 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRELL, KAREN 4890 W. KENNEDY BLVD. TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T David C Smyk 151 Farmington Ave., U14C Hartford, Ct. 06156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C S IVANA, JOHN 3500 PIEDMONT RD. ATLANTA GA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D David F. Simon 151 Farmington Ave., U1AA Hartford, Ct. 06156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAILY, WILFRED J. 3222 AZEELE ST TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Daily, Wilfred K 10029 Hampton Place Tampa, Fl. 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORGANSTERN, PRIYA 185 ASYLUM, YFFI HARTFORD, FT	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AS Colleran, Robert J. 151 Farmington Ave., MC64 Hartford, Ct. 06156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SEE ATTACHMENT	☐ Change ☐ Addition

CR2E034 (4/97)

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.

AETNA U.S. HEALTHCARE, INC.
ADDITIONAL OFFICERS ATTACHMENT

Title	C & EO/D
Name	Cardillo, Michael J.
Street Address	980 Jolly Rd.,US1C
City-St-Zip	Blue Bell, Pa. 19422

Title	VP
Name	Gooden, Jerald, B.
Street Address	Two Urban Ctr., 4890 W. Kennedy Blvd., Suite 545
City-St-Zip	Tampa, Fl. 33609

Title	VP
Name	Warrick, Richard, S.
Street Address	2400 Maitland Ctr. Pkwy., Suite 217
City-St-Zip	Maitland, Fl. 32751

Title	VP
Name	Austin, Alfred L.
Street Address	9030 Stony Point Pkwy., Suite 115
City-St-Zip	Richmond, Va. 23235

Title	PFO
Name	Lombardi, John
Street Address	3500 Piedmont Rd., NE, Suite 300
City-St-Zip	Atlanta, Georgia 30305

Title	VP/SMD
Name	Lewis, Sharon R., M.D.
Street Address	3500 Piedmont Rd., NE, Suite 300
City-St-Zip	Atlanta, Georgia 30305

Title	AS
Name	Young, Gerald A.
Street Address	980 Jolly Rd.,U1AA
City-St-Zip	Blue Bell, Pa. 19422

Title	AS
Name	Fisher, Stephen P.
Street Address	151 Farmington Ave., RW4A
City-St-Zip	Hartford, Ct. 06156

Title	AS
Name	Liu, Don H.
Street Address	980 Jolly Rd.,U1AA
City-St-Zip	Blue Bell, Pa. 19422

Title	AS
Name	Weger, Debra L.
Street Address	980 Jolly Rd.,U14C
City-St-Zip	Blue Bell, Pa. 19422

Title	AS
Name	DeLucca, John F.
Street Address	980 Jolly Rd.,U14C
City-St-Zip	Blue Bell, Pa. 19422