

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 033 ***150.00

DOCUMENT # H06472 1. Entity Name AETNA HEALTH INC.					
Principal Place of Business 5100 WEST LEMON STREET SUITE 218 TAMPA, FL 33609			Mailing Address 151 FARMINGTON AVE., W101 HARTFORD, CT 06156		
2. Principal Place of Business 4630 WOODLANDS CORP. BLVD.		3. Mailing Address Suite, Apt. #, etc.			
City & State TAMPA FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2411584	
Zip 33614		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD PECK, CHARLES A 11675 GREAT OAKS WAY ALPHARETTA, GA 30022	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, CLARENCE C. II 2777 STEMMONS FREEWAY, 3RD FL. DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINO, GREGORY S 980 JOLLY RD, U19A BLUE BELL, PA 19422	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMITH, RUSSELL P 151 FARMINGTON AVE. HARTFORD, CT 06156	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, JR, WILLIAM E M.D. 11675 GREAT OAKS WAY ALPHARETTA, GA 30022	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				01/12/05 860 273-1324 Date Daytime Phone #	



ATTACHMENT

151 Farmington Avenue, W101
Hartford, CT 06156
(860) 952-8658 - Telephone
(860) 907-3017 - Facsimile

January 12, 2005

40002718
#H06472

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the 2005 For Profit Corporation Annual Report and a check in the amount of \$150.00 regarding AETNA HEALTH, INC.

An extra copy of the form and check are included and I would appreciate a copy of the documents, stating they were officially filed for our records.

If you have any questions, please feel free to contact me at the telephone number listed above.

Thanks kindly.

Sincerely,

Dina Bagdikian
Analyst

Enclosures

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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/12/05 860 273-1324 Date Daytime Phone #		

Aetna Inc.

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Aetna Health Inc.

	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156	Request Number: 000000159570 Cost Center: 81003	Check No.: 101015465 62-20 311
PAY <i>One hundred fifty and 00/100 Dollars</i>		01/10/2005	
TO THE ORDER OF	Florida Department of State Uniform Business Report Division of Corporations P.O. Box 6198 Tallahassee, FL 32314	*****\$150.00	
Citibank Delaware One Penn's Way New Castle, Delaware	 AUTHORIZED SIGNATURE		
DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER			



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Sincerely,

A handwritten signature in cursive script that reads "Dina Bagdigian".

Dina Bagdigian
Analyst

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