

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17888

**FILED
Apr 20, 2015
Secretary of State
CC1422713790**

Entity Name: CIGNA HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

2701 NORTH ROCKY POINT DRIVE
TAMPA, FL 33607

Current Mailing Address:

2701 NORTH ROCKY POINT DRIVE
TAMPA, FL 33607 US

FEI Number: 59-2089259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT
Name MIRABELLA, MORRIS D.
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name KRISHTUL, ANNA
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

Title TREASURER, VP
Name LAMBERT, SCOTT R.
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name CROMPTON, MICHAEL T.
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name HUNSINGER, EDWARD N.
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name JOSEPHS, SCOTT T.
Address 2701 NORTH ROCKY POINT DRIVE
City-State-Zip: TAMPA FL 33607

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: ANNA KRISHTUL

SECRETARY

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date