

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17888

**Entity Name:** CIGNA HEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

2701 NORTH ROCKY POINT DRIVE  
SUITE 800  
TAMPA, FL 33607

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC9164130652**

**Current Mailing Address:**

2701 NORTH ROCKY POINT DRIVE  
SUITE 800  
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  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
City-State-Zip: TAMPA FL 33607

Title            SECRETARY  
Name            KRISHTUL, ANNA  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
City-State-Zip: TAMPA FL 33607

Title            TREASURER AND VP  
Name            LAMBERT, SCOTT  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR  
Name            CROMPTON, MICHAEL  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR  
Name            HUNSINGER, EDWARD  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR  
Name            JOSEPHS, SCOTT  
Address        2701 NORTH ROCKY POINT DRIVE  
                 SUITE 800  
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**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date