

2017 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

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

04/22/2017

Electronic Signature of Signing Officer/Director Detail

Date