## 2023 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

**FILED** Mar 11, 2023

**Secretary of State** 

0354345652CC

Officer/Director Detail:

SUITE 800

**PRESIDENT** Title Title **SECRETARY** 

MIRABELLA, MORRIS Name Name STADELMAN, JILL

Address 2701 NORTH ROCKY POINT DRIVE Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

TAMPA FL 33607 TAMPA FL 33607 City-State-Zip: City-State-Zip:

Title **TREASURER** Title VICE PRESIDENT LAMBERT, SCOTT Name FLEMING, MARK Name

2701 NORTH ROCKY POINT DRIVE 2701 NORTH ROCKY POINT DRIVE Address Address SUITE 800

SUITE 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title **DIRECTOR** Title **DIRECTOR** 

JOSEPHS, SCOTT M.D. Name Name O'NEIL, KATHLEEN

2701 NORTH ROCKY POINT DRIVE 2701 NORTH ROCKY POINT DRIVE Address Address

SUITE 800 SUITE 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title **DIRECTOR** Title VICE PRESIDENT Name PERROTTA, GLORIA Name REYNOLDS, DREW

2701 NORTH ROCKY POINT DRIVE 2701 NORTH ROCKY POINT DRIVE Address Address

> SUITE 800 SUITE 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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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.

03/11/2023 SIGNATURE: SCOTT LAMBERT TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VICE PRESIDENT
Name SAATHOFF, STEPHEN

Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY

Name QUENTAL, ANN

Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY
Name WEGRZYNIAK, HEATHER

Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

City-State-Zip: TAMPA FL 33607

Title VICE PRESIDENT
Name SHERIDAN, TIMOTHY

Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY
Name SCHMEHL, SANDRA J.

Address 2701 NORTH ROCKY POINT DRIVE

SUITE 800

City-State-Zip: TAMPA FL 33607