

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17888

**FILED  
Apr 24, 2013  
Secretary of State  
CC9166845864**

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

**Current Principal Place of Business:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607

**Current Mailing Address:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.  
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            CROOKS, ANDREW D.  
Address        3101 W. DR. MARTIN LUTHER KING  
                  JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title            VICE PRESIDENT/TREASURER  
Name            LAMBERT, SCOTT R.  
Address        3101 W. DR. MARTIN LUTHER KING  
                  JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title            SECRETARY  
Name            MAPP, SHERMONA  
Address        3101 W. DR. MARTIN LUTHER KING  
                  JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR  
Name            GOLDBERG, DAVID  
Address        3101 W. DR. MARTIN LUTHER KING  
                  JR. BLVD.  
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:** SHERMONA MAPP

**SECRETARY**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date