

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29835

Entity Name: CIGNA DENTAL HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

FEI Number: 59-1611217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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 MANDERS, MATTHEW G.
Address 1571 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name KRISHTUL, ANNA
Address 1571 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER, DIRECTOR
Name CHRISTOPHER , WHELAN J.
Address 1571 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

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

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date