

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G29835

**FILED  
Apr 16, 2015  
Secretary of State  
CC9215493298**

**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, DIRECTOR  
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            TREASURER, VP  
Name            LAMBERT, SCOTT R.  
Address        1571 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            VAYER, JULIE A.  
Address        1571 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            WHELAN, CHRISTOPHER 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**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date