2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29835

Entity Name: CIGNA DENTAL HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY SUITE 140 SUNRISE, FL 33323

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY SUITE 140 SUNRISE, FL 33323 US

FEI Number: 59-1611217

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

Officer/Director Detail :

Onicendiret			
Title	DIRECTOR	Title	DIRECTOR
Name	BENEDICT, AMIE	Name	MEADE, JASON
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	DIRECTOR	Title	PRESIDENT
Name	SCARDELLETTE, FREDERICK	Name	SCARDELLETTE, FREDERICK
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	VICE PRESIDENT	Title	VICE PRESIDENT
Name	BENEDICT, AMIE	Name	FLEMING, MARK
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	VICE PRESIDENT	Title	VICE PRESIDENT
Name	HART, JOANNE	Name	LAMBERT, SCOTT
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

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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.

SIGNATURE: JILL STADELMAN

SECRETARY

06/25/2020

FILED Jun 25, 2020 Secretary of State 4865774165CC

Certificate of Status Desired: No

the State of Elevide

Date

Officer/Director Detail Continued :

Title	VICE PRESIDENT	Title	VICE PRESIDENT
Name	MEADE, JASON	Name	MIRABELLA, MORRIS
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323	City Otata Zin.	SUITE 140
T:41-		City-State-Zip:	SUNRISE FL 33323
Title		Title	VICE PRESIDENT
Name	O'NEIL, KATHLEEN	Name	REYNOLDS, DREW
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Address	1571 SAWGRASS CORPORATE
City-State-Zip:	SUNRISE FL 33323		PARKWAY SUITE 140
Title	SECRETARY	City-State-Zip:	SUNRISE FL 33323
Name	STADELMAN, JILL	Title	TREASURER
Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	Name	LAMBERT, SCOTT
City-State-Zip:		Address	1571 SAWGRASS CORPORATE PARKWAY SUITE 140
		City-State-Zip:	SUNRISE FL 33323