

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29835

FILED
Mar 31, 2022
Secretary of State
2733584147CC

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

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 DIRECTOR
Name BENEDICT, AMIE
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name MEADE, JASON
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name SCARDELLETTE, FREDERICK
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT
Name SCARDELLETTE, FREDERICK
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name BENEDICT, AMIE
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name FLEMING, MARK
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name HART, JOANNE
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name LAMBERT, SCOTT
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140
City-State-Zip: SUNRISE FL 33323

Continues on page 2

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: SCOTT LAMBERT

TREASURER

03/31/2022

Officer/Director Detail Continued :

Title VICE PRESIDENT
Name MIRABELLA, MORRIS
Address 1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name REYNOLDS, DREW
Address 1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name LAMBERT, SCOTT
Address 1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VP
Name PUJA, LAKDAWALA
Address 1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT
Name O'NEIL, KATHLEEN
Address 1571 SAWGRASS CORPORATE
PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name STADELMAN, JILL
Address 1571 SAWGRASS CORPORATE
PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323

Title VP
Name CUSHING, GISELLE
Address 1571 SAWGRASS CORPORATE
PARKWAY
SUITE 140
City-State-Zip: SUNRISE FL 33323