

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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**FILED
Apr 10, 2014
Secretary of State
CC7247634360**

Entity Name: AETNA BETTER HEALTH INC.

Current Principal Place of Business:

4500 E. COTTON CENTER BLVD.
PHOENIX, AZ 85040

Current Mailing Address:

4500 E. COTTON CENTER BLVD.
PHOENIX, AZ 85040 US

FEI Number: 80-0671703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33334 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 CEO/PRESIDENT/DIRECTOR
Name SEDMAK, PAMELA SUE
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

Title VICE PRESIDENT AND TREASURER
Name COFRANCESCO, ELAINE ROSE
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

Title VICE PRESIDENT AND SECRETARY
Name KESSLER, ROBERT
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

Title DIRECTOR
Name OSBORNE, MARY LOUISE
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

Title VP AND ASSISTANT SECRETARY
Name LEE, EDWARD CHUNG-I
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

Title ASSISTANT SECRETARY
Name HURD, THERESA MARIE
Address 4500 E. COTTON CENTER BLVD.
City-State-Zip: PHOENIX AZ 85040

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: EDWARD CHUNG-I LEE

**VP AND ASSISTANT
SECRETARY**

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date