

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G14316** (5)
1. Corporation Name
CIGNA DENTAL HEALTH, INC.

Principal Place of Business: 300 NW 82ND AVE., STE. 700, PLANTATION FL 33324
Mailing Address: 300 NW 82ND AVE., STE. 700, PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-2308055
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALDERON, ZAYRA F.
STREET ADDRESS	300 NW 82ND AVE., STE. 700
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	VSD
NAME	GARCIA, GAIL M.,
STREET ADDRESS	300 NW 82ND AVE., STE. 700
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	VT
NAME	ULANET, JEFFREY W.,
STREET ADDRESS	300 NW 82ND AVE., STE. 700
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D
NAME	DOERR, R. CHRIS
STREET ADDRESS	900 COTTAGE GROVE RD.
CITY-ST-ZIP	BLOOMFIELD CT
TITLE	CD
NAME	ENGLISH, LAWRENCE P
STREET ADDRESS	900 COTTAGE GROVE RD
CITY-ST-ZIP	BLOOMFIELD CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VS
2.3 STREET ADDRESS	GARCIA, GAIL M.,
2.4 CITY-ST-ZIP	300 NW 82ND AVE., STE. 700 PLANTATION, FL 33324
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey W. Ulanet
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

JEFFREY W. ULANET

Date

305-423-5990
Telephone #