

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **12/22/1982** 3a. Date of Last Report **03/10/1995**

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 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0504, Florida Statutes.

SIGNATURE OF *Sandra B. Matham* Secretary of State  
DATE: *3/14/96*

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 NAME	<b>VT</b>
21 STREET ADDRESS	<b>Hughes, Robert J</b>
21 CITY-ST-ZIP	<b>300 NW 82nd Avenue Ste 700</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 NAME	<b>D</b>
21 STREET ADDRESS	<b>John Wilkinson</b>
21 CITY-ST-ZIP	<b>900 Cottage Grove Rd</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	<b>Bloomfield CT</b>
21 STREET ADDRESS	
21 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
21 NAME	
21 STREET ADDRESS	
21 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 119.07(3)(b), 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 manager 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: *Sandra B. Matham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

954-423-5990

CR2E034 (12/95)