



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90230 011 \*\*\*150.00

|   |   |  |   |   |
|---|---|--|---|---|
| <b>DOCUMENT # G14316</b>  |   |  |   |  |
| 1. Entity Name<br>CIGNA DENTAL HEALTH, INC.   |   |  |   |   |
| Principal Place of Business<br>300 NW 82ND AVE.<br>STE. 700<br>PLANTATION, FL 33324   |   | Mailing Address<br>300 NW 82ND AVE.<br>STE. 700<br>PLANTATION, FL 33324                                      |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>1571 Sawgrass Corporate Parkway<br>Suite, Apt. #, etc.<br>Suite 140   |   | 3. Mailing Address<br>Same<br>Suite, Apt. #, etc.  |   |   |
| City & State<br>Sunrise, Florida  |   | City & State   |   |   |
| Zip<br>33323  | Country<br>Broward  | Zip  | Country   | 4. FEI Number<br>59-2308055   |
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |   |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |   |
| Name  |   | Name   |   |   |
| Street Address (P.O. Box Number is Not Acceptable)  |   | Street Address (P.O. Box Number is Not Acceptable)   |   |   |
| City  |   | City   |   |   |
| FL  |   | Zip Code   |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VS<br>GARCIA, GAIL M.,<br>300 NW 82ND AVE., STE. 700<br>PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VT<br>HAAS, MICHELE I<br>300 NW 82ND AVE, STE 700<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSD<br>Michele I. Haas<br>1571 Sawgrass Corporate Parkway<br>Sunrise, Florida 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROHAD, KAREN S<br>300 NW 82 AVE, STE 300<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Rohan<br>900 Cottage Grove Road<br>Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>DEMAIO, BARBARA G<br>300 NW 82 AVE, STE 300<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 900 Cottage Grove Road<br>Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>Leanne J. Nicholson<br>900 Cottage Grove Road<br>Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered. |   |  |   |   |
| SIGNATURE:   |   | Date: 4/25/07 Daytime Phone #: 954-514-6600  |   |   |

