



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-27-2007 90230 011 ***150.00

DOCUMENT # G14316			
1. Entity 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	
2. Principal Place of Business - No P.O. Box # 1571 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 140		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Sunrise, Florida		City & State	
Zip 33323		Country Broward	
4. FEI Number 59-2308055		Applied For <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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARCIA, GAIL M., 300 NW 82ND AVE., STE. 700 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HAAS, MICHELE I 300 NW 82ND AVE, STE 700 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Michele I. Haas 1571 Sawgrass Corporate Parkway Sunrise, Florida 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROHAD, KAREN S 300 NW 82 AVE, STE 300 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rohan 900 Cottage Grove Road Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMAIO, BARBARA G 300 NW 82 AVE, STE 300 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900 Cottage Grove Road Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Leanne J. Nicholson 900 Cottage Grove Road Hartford, CT 06152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 		4/25/07 954-514-6600 Date Daytime Phone #	

