

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P40228 (9)

1. Corporation Name

AETNA HEALTH MANAGEMENT, INC.



Principal Place of Business

151 FARMINGTON AVE MC64  
HARTFORD CT 06156  
US

Mailing Address

151 FARMINGTON AVE. MC64  
HARTFORD CT 06156  
US

3. Date Incorporated or Qualified  
08/27/1992

3a. Date of Last Report  
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 NA

4. FEI Number

13-3670795

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE. 105  
TALLAHASSEE FL 32301

81 Name

NA

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 607.1508, 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

NA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. \*See attached \* OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CAMPBELL, A. BRUCE  
STREET ADDRESS 151 FARMINGTON AVE., MC1A  
CITY-ST-ZIP HARTFORD CT 06156

1.1 TITLE

VP/D

☒ Change: ☐ Addition

TITLE ☒ DELETE

NAME BELL, CHARLES T  
STREET ADDRESS 151 FARMINGTON AVE., MB66  
CITY-ST-ZIP HARTFORD CT 06156

2.1 TITLE

DEP

☐ Change: ☒ Addition

TITLE ☒ DELETE

NAME BROWN, C. TIMOTHY  
STREET ADDRESS 3690 ORANGE PL., STE. 200  
CITY-ST-ZIP CLEVELAND OH 44122

3.1 TITLE

D/VP

☐ Change: ☒ Addition

TITLE ☐ DELETE

NAME BUIVIDAS, ANTHONY J  
STREET ADDRESS 150 STRAFFORD AVE.  
CITY-ST-ZIP WAYNE PA 19087

4.1 TITLE

☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME BURNS, JOSEPH K  
STREET ADDRESS 9030 STONY PT. PKWY., STE. 440  
CITY-ST-ZIP RICHMOND VA 23235

5.1 TITLE

☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME COLLERAN, ROBERT J  
STREET ADDRESS 151 FARMINGTON AVE., MC64  
CITY-ST-ZIP HARTFORD CT 06156

6.1 TITLE

☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME COLLERAN, ROBERT J  
STREET ADDRESS 151 FARMINGTON AVE., MC64  
CITY-ST-ZIP HARTFORD CT 06156

6.4 CITY- ST- ZIP

☐ Change: ☐ Addition

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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

203-636-5795

Daytime Phone #

CR2E034 (12/95)