

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0572831 AT

DOCUMENT # P40228

1. Entity Name

AETNA HEALTH MANAGEMENT, INC.

03-14-2002 90059 035 ***150.00

Principal Place of Business

**151 FARMINGTON AVE. MC64
HARTFORD CT 06156
US**

Mailing Address

**151 FARMINGTON AVE. MC64
HARTFORD CT 06156
US**

147510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

151 FARMINGTON AVE, W101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HARTFORD CT

4. FEI Number

13-3670795

Applied For

Not Applicable

Zip

Country

Zip

06156

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, ALAN J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KRAMER, WILLIAM I	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SMYK, DAVID C	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ORKINS, LAWERENCE G JR	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	SIO	<input type="checkbox"/> Delete
NAME	SELIAN, PAUL J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ALAN M.	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD, CT 06156	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNNEY, ROBERTA	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD, CT 06156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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STREET ADDRESS	980 JOLLY ROAD	
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CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	SIO	<input type="checkbox"/> Delete
NAME	SELJAN, PAUL J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD, CT 06156	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, ROBERTA	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD, CT 06156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-02 8602736235

Aetna

Attachment
Document #
PH0228
747516

Aetna Inc.
151 Farmington Avenue, W101
Hartford, CT 06156

Law Document Center
(860) 952-8658
(860) 952-8662

February 27, 2002

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find the 2002 Uniform Business Report (UBR) enclosed, along with a check in the amount of \$150.00 for Aetna Health Management, Inc. Would you kindly stamp the extra copy of the form and return it to my attention so I can have a copy for my files. My address is located above and also on the enclosed business card. Thank you kindly.

Sincerely,


Dina Bagdikian
Analyst