

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582512

Entity Name: HUMANA DENTAL COMPANY**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**P.O. BOX 740026
LOUISVILLE, KY 40201 US**FEI Number:** 59-1843760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name GANONI, GERALD L
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name BAUERNFEIND, GEORGE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title INTERIM CFO
Name MCCULLEY, STEVEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title S
Name LENAHAN, JOAN O
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD , BRUCE
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES
Address 500 W. MAIN ST.
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BEVERIDGE, ROY
Address 500 W. MAIN ST.
City-State-Zip: LOUISVILLE KY 40202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND

VICE PRESIDENT

03/05/2014

Electronic Signature of Signing Officer/Director Detail_____
Date