

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14316

Entity Name: CIGNA DENTAL HEALTH, INC.

Current Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 US

FEI Number: 59-2308055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/CHAIR OF THE BOARD
Name MANDERS, MATTHEW
Address 1571 SAWGRASS CORPORATE
 PARKWAY
 SUITE 140
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name MEADE, JASON
Address 1571 SAWGRASS CORPORATE
 PARKWAY
 SUITE 140
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name VAYER, JULIE
Address 1571 SAWGRASS CORPORATE
 PARKWAY
 SUITE 140
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name KRISHTUL, ANNA
Address 1571 SAWGRASS CORPORATE
 PARKWAY
 SUITE 140
City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name LAMBERT, SCOTT
Address 1571 SAWGRASS CORPORATE
 PARKWAY
 SUITE 140
City-State-Zip: SUNRISE FL 33323

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: ANNA KRISHTUL

SECRETARY

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date