2022 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:

Electronic Signature of 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:

Officer/Director Detail:

SUITE 140

Title **DIRECTOR** Title DIRECTOR

BENEDICT. AMIE Name Name MEADE, JASON

Address 1571 SAWGRASS CORPORATE Address 1571 SAWGRASS CORPORATE

> **PARKWAY PARKWAY** SUITE 140 SUITE 140

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323 City-State-Zip:

Title **DIRECTOR** Title **PRESIDENT**

Name SCARDELLETTE, FREDERICK Name SCARDELLETTE, FREDERICK

Address 1571 SAWGRASS CORPORATE Address 1571 SAWGRASS CORPORATE

PARKWAY PARKWAY SUITE 140 SUITE 140

SUNRISE FL 33323 SUNRISE FL 33323 City-State-Zip: City-State-Zip:

Title VICE PRESIDENT Title VICE PRESIDENT BENEDICT, AMIE FLEMING, MARK Name Name

Address 1571 SAWGRASS CORPORATE Address 1571 SAWGRASS CORPORATE

PARKWAY PARKWAY **SUITE 140** SUITE 140

SUNRISE FL 33323 SUNRISE FL 33323 City-State-Zip: City-State-Zip:

Title VICE PRESIDENT Title VICE PRESIDENT HART, JOANNE LAMBERT, SCOTT Name Name

Address 1571 SAWGRASS CORPORATE Address 1571 SAWGRASS CORPORATE **PARKWAY**

PARKWAY SUITE 140

SUNRISE FL 33323 SUNRISE FL 33323 City-State-Zip: City-State-Zip:

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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.

04/05/2022 SIGNATURE: SCOTT LAMBERT VICE PRESIDENT

FILED Apr 05, 2022 **Secretary of State** 9940421264CC

Date

Officer/Director Detail Continued:

City-State-Zip:

VICE PRESIDENT Title Title VICE PRESIDENT MEADE, JASON Name REYNOLDS, DREW Name

Address 1571 SAWGRASS CORPORATE PARKWAY Address 1571 SAWGRASS CORPORATE

SUITE 140 **PARKWAY** SUITE 140

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323 City-State-Zip:

Title VICE PRESIDENT Title **TREASURER** Name THOMAS, LANCE

Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140 Address 1571 SAWGRASS CORPORATE

Name

PARKWAY

SUNRISE FL 33323 **SUITE 140**

City-State-Zip: SUNRISE FL 33323 Title **SECRETARY**

STADELMAN, JILL Name Title VP, DIRECTOR Address 1571 SAWGRASS CORPORATE PARKWAY Name LAKDAWALA, PUJA

SUITE 140 1571 SAWGRASS CORPORATE Address City-State-Zip: SUNRISE FL 33323

PARKWAY SUITE 140

LAMBERT, SCOTT

SUNRISE FL 33323 City-State-Zip: