


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 050 \*\*\*\*61.25

**DOCUMENT # N01000001705**

1. Entity Name  
**THE BLUE FOUNDATION FOR A HEALTHY FLORIDA, INC.**



Principal Place of Business  
**4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246**

Mailing Address  
**4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246**

**20013751**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3707820**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BLUE CROSS AND BLUE SHIELD OF FLORIDA**  
**4800 DEERWOOD CAMPUS PKWY**  
**JACKSONVILLE, FL 32246**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMMER, RANDY 4800 DEERWOOD CAMPUS PKWY, DCC100-7 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCABE, PATRICK 4800 DEERWOOD CAMPUS PKWY, 300-4 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENKINS, TONY 4800 DEERWOOD CAMPUS PKWY, DC100-4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONALD, DEANNA 4800 DEERWOOD CAMPUS PKWY, DC100-6 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOWLER, SUSAN 4800 DEERWOOD CAMPUS PKWY, DCC300-4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS, TONY 4800 DEERWOOD CAMPUS PARKWAY, DC100-4 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **Randy M. Kammer** **2/20/06** **904-905-6661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davline Phone #

# ATTACHMENT

20013751

2006 NOT - FOR PROFIT CORPORATION ANNUAL REPORT  
DOCUMENT # N01000001705  
THE BLUE FOUNDATION FOR A HEALTHY FLORIDA, INC.  
(CONTINUATION SHEET)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYRUS JOLLIVETTE 4800 DEERWOOD CAMPUS PARKWAY 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY BENEVENTO 5011 GATE PARKWAY BUILDING 100 SUITE 300 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL CASCOE, JR. 8022 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBECCA GAY 4800 DEERWOOD CAMPUS PARKWAY 200-6 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY PAYNE 7490 WEST MADISON STREET GLEN ST. MARY, FL 32040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT S MIRSKY, M.D. 100 ARTHUR ANDERSEN PARKWAY SUITE 303 SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXINE A. HAYNES 100 ARTHUR ANDERSEN PARKWAY SUITE 303 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK SWINK 532 RIVERSIDE AVENUE 3-OH JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTENSIA (TITI) ALFONSO 8400 N.W. 33 <sup>RD</sup> ST., SUITE 100 MIAMI, FL 33122-1931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVYN R. FLETCHER, M.D. 8400 N.W. 33 <sup>RD</sup> ST., SUITE 100 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V. SHEFFIELD KENYON 4800 DEERWOOD CAMPUS PARKWAY 300-6 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD V. SHEFFIELD KENYON 4800 DEERWOOD CAMPUS PARKWAY 300-6 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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