

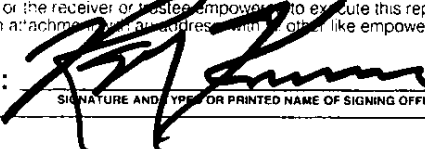


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 019 ****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		40072200	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04042007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3707820	Applied For Not Applicable
6. Name and Address of Current Registered Agent BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAMMER, RANDY	NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, DCC100-7	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, TONY	NAME	Jenkins, Tony		
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY DC100-4	STREET ADDRESS	4800 Deerwood Campus Pkwy DC100-4		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	Jacksonville, FL 32246		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDONALD, DEANNA	NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, DC100-6	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWLER, SUSAN	NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, DCC300-4	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with other like empowered.					
SIGNATURE: 		Randy M. Kammer		4/11/07 904-905-6661 President	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

HUD72208
#N01000001705

2007 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 ANTHONY BENEVENTO 5011 GATE PARKWAY BUILDING 100 SUITE 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK ASTOR, M.D. 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL CASCONI, JR. 8022 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256	<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 REBECCA GAY 4800 DEERWOOD CAMPUS PARKWAY 200-6 JACKSONVILLE, FL 32246	<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	SD V. SHEFFIELD KENYON 4800 DEERWOOD CAMPUS PARKWAY 300-6 SARASOTA, FL 34232	<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 MARK SWINK 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32246	<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 CYRUS JOLLIVETTE. 4800 DEERWOOD CAMPUS PARKWAY 100-8 JACKSONVILLE, FL 32246	<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 ROBERT S MIRSKY, M.D. 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVYN R. FLETCHER, M.D. 8400 N.W. 33 RD STREET SUITE 100 MIAMI, FL 33122	<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		<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition