

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2017
Secretary of State
CC8860593016

Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

FEI Number: 59-3707820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE M
4800 DEERWOOD CAMPUS PARKWAY
DCC 100-7
JACKSONVILLE, FL 32246 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 CHAIRMAN
Name ALTMIRE, JASON
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY, DIRECTOR
Name HARRISON, CAMILLE
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER, DIRECTOR
Name HEALY, GARY
Address 4800 DEERWOOD CAMPUS PARKWAY, DC1-5
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name TOWLER, SUSAN
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name FINLEY, RENEE
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name GRIFFIN, CYNTHIA
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAMILLE HARRISON

SECRETARY

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date