

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001705

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC4219971513**

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

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY  
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 PKWY  
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 PKWY  
City-State-Zip: JACKSONVILLE FL 32246

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

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

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

Title DIRECTOR  
Name HARRISON, CAMILLE I  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR  
Name HARPER, JANNIFER  
Address 4800 DEERWOOD CAMPUS PKWY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name THOMAS, BARBARA  
Address 4800 DEERWOOD CAMPUS PKWY  
City-State-Zip: JACKSONVILLE FL 32246

**Continues on page 2**

*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: SUSAN TOWLER**

**COO**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name            VALDES-FAULI, GONZALO F.  
Address         1111 CRANDON BLVD., APT. B1008  
                  SUITES 400, 200A AND 200B  
City-State-Zip: KEY BISCAYNE FL 33149