	DOCUMENT# N01000001705		
	Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA FOUNDATION, INC.		
	Current Principal Place of Business:		
	4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246		

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246

FEI Number: 59-3707820

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE M 4800 DEERWOOD CAMPUS PARKWAY DCC 100-7 JACKSONVILLE, FL 32246 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	CHAIRMAN	Title	SECRETARY, DIRECTOR		
Name	HARRISON, CAMILLE	Name	GRIFFIN, CYNTHIA		
Address	4800 DEERWOOD CAMPUS PARKWAY	Address	4800 DEERWOOD CAMPUS PARKWAY		
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246		
Title	TREASURER, DIRECTOR	Title	VP		
Name	HEALY, GARY	Name	TOWLER, SUSAN		
Address	4800 DEERWOOD CAMPUS PARKWAY, DC1-5	Address	4800 DEERWOOD CAMPUS PARKWAY		
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246		
Title		Title	DIRECTOR		
rille	DIRECTOR	riue	DIRECTOR		
Name	BAILEY, GORDON	Name	GRIFFIN, CYNTHIA		
Name	BAILEY, GORDON	Name	GRIFFIN, CYNTHIA 4800 DEERWOOD CAMPUS PARKWAY		
Name Address	BAILEY, GORDON 4800 DEERWOOD CAMPUS PARKWAY	Name Address	GRIFFIN, CYNTHIA 4800 DEERWOOD CAMPUS PARKWAY		
Name Address City-State-Zip:	BAILEY, GORDON 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	Name Address	GRIFFIN, CYNTHIA 4800 DEERWOOD CAMPUS PARKWAY		
Name Address City-State-Zip: Title	BAILEY, GORDON 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246 DIRECTOR	Name Address	GRIFFIN, CYNTHIA 4800 DEERWOOD CAMPUS PARKWAY		

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

CHAIRMAN

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2018 Secretary of State CC9308590927