

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001705

FILED
Mar 27, 2014
Secretary of State
CC2682884482

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 JOSEPH, CHARLES S.
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

Title VC
Name ALTMIRE, JASON
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name MCGOWAN, MARK S.
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-7
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR
Name DIVITA, CHARLES
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
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 KRAMZER, JOYCE A.
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

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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: MARK S. MCGOWAN

SECRETARY

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUFRANO, ROBERT I. DR.
Address 7852 JAMES ISLAND TRAIL
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SHAFFER, PENNY S.
Address 8400 NW 33RD STREET
SUITE 100
City-State-Zip: MIAMI FL 33142

Title DIRECTOR
Name MOUTINHO, MARIA E. DR.
Address 3230 W. COMMERCIAL BLVD.
SUITES 400, 200A AND 200B
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name SMITH, DARNELL
Address 4800 DEERWOOD PARKWAY, DC1-8
City-State-Zip: JACKSONVILLE FL 32246