2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000055586

Entity Name: FLORIDA BLUE MEDICARE, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY. JACKSONVILLE. FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PKWY. JACKSONVILLE, FL 32246 US

FEI Number: 83-1056418 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE 4800 DEERWOOD CAMPUS PKWY. 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

Date

FILED Apr 18, 2019

Secretary of State

3987784010CC

Officer/Director Detail:

Title CHAIRMAN Title DIRECTOR

Name ISELIN, SARAH Name ANDERSON, GARY

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR Title DIRECTOR

Name SCHRADER, ELANA DR. Name RAGER, BRENDAN

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT, TREASURER Title SECRETARY

Name LUECK, SEAN Name JOLLY, AREZOU C

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

City-State-Zip: JACKSONVILLE FL 32246 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AREZOU C. JOLLY SECRETARY 04/18/2019