

2023 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 DC 1-7
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, CEO
Name HARRISON, CAMILLE
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name ANDERSON, GARY
Address 4800 DEERWOOD CAMPUS PARKWAY
1-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name SCHRADER, ELANA DR.
Address 4800 DEERWOOD CAMPUS PARKWAY
1-8
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name DORSETT, KAREEN
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 4-3
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name JOLLY, AREZOU C
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-7
City-State-Zip: JACKSONVILLE FL 32246

Title CFO
Name JUSTICE, THURMAN
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title CHIEF MEDICAL OFFICER
Name MALKO, ELIZABETH
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 4-3
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

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date