2022 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

FILED Apr 20, 2022

Secretary of State

8033212740CC

Date

Officer/Director Detail:

Title CHAIRMAN, CEO Title DIRECTOR

Name HARRISON, CAMILLE Name ANDERSON, GARY

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 1-8

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

Title DIRECTOR Title TREASURER

Name SCHRADER, ELANA DR. Name DORSETT, KAREEN

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 4-3

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

 Title
 SECRETARY
 Title
 PRESIDENT

 Name
 JOLLY, AREZOU C
 Name
 FEENY, KATHY

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 1-7 DC 4-3

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

Title CFO Title CHIEF MEDICAL OFFICER

Name JUSTICE, THURMAN Name MALKO, ELIZABETH

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 1-8 DC 4-3

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 04/20/2022

Electronic Signature of Signing Officer/Director Detail