

**2024 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 GODDARD, JEFFREY  
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

Title CHIEF ACTUARY  
Name PHELPS, JOSHUA  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-6  
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**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date