704223

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****FILM ONLY***

1981 Corporation Annual Report Returned as this Corporation consolidated on July 1, 1980 with BLUE SHIELD OF FLORIDA INC. (Document number 702662) to form BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. (Document number 753198)

3 pages

Blue Cross
Blue Shield
of Florida

P.O. Box 1798
532 Riverside Avenue
Jacksonville, Florida 32231
(904) 791-6111

John S. Clyce
Vice President
Public Affairs and Corporate Secretary

film only

January 21, 1981

1981 Annual Reports
P.O. Box 6327
Tallahassee, FL 32301

Gentlemen:

I am returning the Annual Report for Blue Cross of Florida, Inc. as this corporation no longer exists. Blue Cross of Florida, Inc. and Blue Shield of Florida, Inc. consolidated on July 1, 1980. An annual report is being submitted for Blue Cross and Blue Shield of Florida, Inc.

If you should have any questions regarding this, please let me know.

Yours very truly,

John S. Clyce

JSC:lds
Enclosure

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

film only

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

704223
BLUE CROSS OF FLORIDA, INC.
532 RIVERSIDE AVENUE
P.O.BOX 1798
JACKSONVILLE, FLA 32231

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 6/27/1962

4. Federal Employer Identification Number (FEIN): 59-0525738

5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FLAHERTY, M. E.	P/D	532 RIVERSIDE AVE.	JACKSONVILLE, FL
STANSELL, W J	V	532 RIVERSIDE AVE.	JACKSONVILLE, FL
LEWIS, J.D. JR	V	532 RIVERSIDE AVE.	JACKSONVILLE, FL
SLYE, JOHN S.	V/S	532 RIVERSIDE AVE.	JACKSONVILLE, FL
MARTIN, J.W.	V/T	532 RIVERSIDE AVENUE	JACKSONVILLE, FL.
TUVESON, R.F.	V	532 RIVERSIDE AVE.	JACKSONVILLE, FL

7. Registered Agent Information

Name
FLAHERTY, M. E.
Street Address (Do NOT Use P.O. Box Number)
532 RIVERSIDE AVE
City, State and Zip Code
JACKSONVILLE, FL 32201

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer | Title | Telephone Number

Signature | Date

DO NOT WRITE IN THIS SPACE

W.E.F. DEC 29 1980