


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 021 ****61.25

DOCUMENT # 753198 1. Entity Name BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.					
Principal Place of Business 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246 US			Mailing Address PO BOX 60729 JACKSONVILLE, FL 32236 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2015694 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH, CHARLES S 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LUFRANO, ROBERT I M. D. 4800 DEERWOOD CAMPUS PARKWAY, 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKWITH, HENRY H 524 STOCKTON ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, EDWARD L 5417 AVENAL DRIVE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HC71, Box 52 Clayton, OK 74536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, ROBERT M II 1806 38TH AVE E BRADENTON, FL 34206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 9285 Bradenton, FL 34206		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kennett, John A. 4800 Deerwood Campus Pkwy 100-6 Jacksonville, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ Charles S. Joseph 4/13/07 (904) 905-6156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40072206



ATTACHMENT

40072206
#753198

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DOCUMENT # 753198
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
(CONTINUATION SHEET)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOSE AUSLEY AUSLEY & MCMULLEN ATTORNEY AT LAW 227 S. CALHOUN STREET TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. O. BOX 391 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALO F. VALDES-FAULI CHAIRMAN, BROADSPAN CAPITAL, LLC 1111 CRANDON BLVD., APT. B1008 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK P. SCRUGGS, JR. 923 HYACINTH DRIVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA S. THOMAS. SIX BELLEVIEW BLVD., UNIT 207 BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY A. LEINBACH EXECUTIVE V.P. & CFO RYDER SYSTEM, INC. 3600 NW 82 ND AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RETIRED CHIEF FINANCIAL OFFICER 4011 HARDIE ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Emeritus) YANK D. COBLE, JR. M.D. 102 MAGNOLIA STREET NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHERINE P. BESSANT, GLOBAL TREASURY SERVICES PRESIDENT BANK OF AMERICA CORPORATION 100 N. TRYON STREET MAIL CODE: NC1-007-57-17 CHARLOTTE, NORTH CAROLINA 28255 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEERIE T. JENKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHAIRMAN AND CEO REYNOLDS, SMITH AND HILLS, INC. 10748 DEERWOOD PARK BLVD., S. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN B. RAMIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT AND COO TECO ENERGY, INC. 702 N. FRANKLIN STREET, 3 RD FLOOR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition