

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753198

FILED
Apr 12, 2012
Secretary of State

Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60729
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-2015694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S
Name: JOSEPH, CHARLES S
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: CEOC
Name: GERAGHTY, PATRICK
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: LEINBACH, TRACY
Address: 1121 CRANDON BOULEVARD, #F403
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: BEALL, ROBERT M II
Address: P.O. BOX 9285
City-St-Zip: BRADENTON, FL 34206

Title: T
Name: COATS, WILLIAM A
Address: 4800 DEERWOOD CAMPUS PKWY 100-6
City-St-Zip: JACKSONVILLE, FL 32246

Title: CFO
Name: DOERR, CHRIS R
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S. JOSEPH

S

04/12/2012

Electronic Signature of Signing Officer or Director

Date