FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 026 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001705

1. Entity Name: The Blue Foundation for a Healthy Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 Deerwood Campus Pky	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32246	City & State
Zip: 32246 / Country: U.S.	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3707820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Blue Cross and Blue Shield of Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4800 Deerwood Campus Parkway

City: Jacksonville FL Zip Code: 32246

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Bruce N. Bagni
STREET ADDRESS	4800 Deerwood Campus Parkway 100-8
CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	V/D
NAME	Patrick McCabe
STREET ADDRESS	4800 Deerwood Campus Pkwy 300-4
CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	T/D
NAME	Deanna M. McDonald
STREET ADDRESS	4800 Deerwood Campus Pkwy Dc100-6
CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	S/D
NAME	Randy M. Kammer
STREET ADDRESS	4800 Deerwood Campus Pkwy DCC100-7
CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	D
NAME	Tony Jenkins
STREET ADDRESS	4800 Deerwood Campus Pkwy DC100-4
CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	M
NAME	Susan Towler
STREET ADDRESS	4800 Deerwood Campus Pkwy DCC300-4
CITY-ST-ZIP	Jacksonville, FL 32246

TITLE	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/02 904 905-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Wildes 4800 Deerwood Campus Pkwy DCC300-4 Jacksonville, FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cyrus (Russ) Jollivette 4800 Deerwood Campus Pkwy DCC300-4 Jacksonville, FL 32246
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