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

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

DOCUMENT # 100000017	05-15-2002 90093 0	26 ****61.25	
1. Entity Name The Blue Foundation for a Healthy Florida, Irc.			
NAME OF THE PARTY			
DO NOT WRITE IN THIS S	PACE		
Principal Place of Business 3. Mailing Address			
4800 Deerwood Campus Pky Suite Apt. #. etc. Suite Apt. #. etc.			
	<u> </u>	DO NOT WRITE IN THIS SPACE	
City & State Jacksonville, FL 32246 City & State		4. FEI Number 59–3707820	Applied For Not Applicable
32246 U.S. Zip	Country		75 Additional Required
	Name	7. Name and Address of Current Registered Age	nt
DO NOT WRITE	<u>Blue</u>	Cross and Blue Shield of	Florida, I <mark>nc</mark>
IN THIS SPACE	4800°t	P.O. Box Number is Not Acceptable) Deerwood. Campus Parkway	
	City		in Code
8. The above named outly submits this statement for the	Jackso	onville FL 4	io Code 32246
8. The above named entity submits this statement for the purpose of changing its	registered office or register	ed agent, or both, in the state of Florida.	
SIGNATURE			
	Registered Agent signature required	when reinstating) DATE	
FEE IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Department of State			
10. OFFICERS AND DIRECTORS	CONTRACTOR		
NAME Bruce N. Bagni	TIFLE NAME		in the second se
STREET ADDRESS 4800 Deerwood Campus Parkway 100			CR2E037B (12/01
	3 CITY ST ZIP		1037
NAME Patrick McCabe	TITLE NAME		CR2
CITY ST. 700 4800 Deerwood Campus Pkwy 300-4	STREET ADORESS		
"TLE T/D T/D T/D	THE STATE OF THE S		
Deanna M. McDonald	NAME STREET ADDRESS		
4800 Deerwood Campus Pkwy Dc100-6	CITY-ST-ZIP	DO NOT WRITE	
NAME Randy M. Kammer	TILE	IN THIS SPACE	
STREET ADDRESS 4800 Deerwood Campus Pkwv DCC100-	7 STREET ADDRESS		
Inte Dacksonville, FL 32246	CCTY-ST-ZIP		
NAME Tony Jenkins	NAME		
STREET ADDRESS 4800 Deerwood Campus Pkwy DC100-4	STREET ADDRESS CITY_ST_ZIP		
TILE Jacksonville, FL 32246	ante de la companya d		
NAIME STREET ADDRESS Susan Towler	NAME		
cmy-st-zip 4800 Deerwood Campus Pkwy DCC300			
12. I hereby certify that the information supplied with this find does not qualify for indicated on this report or supplements report is true and accurate and that m	the exemption stated in Sec y signature shall have the sa	tion 119.07(3)(i). Florida Statutes. I further certify that ame legal effect as if made under path, that I am an o	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 of 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 an other the empowered.			
SIGNATURE: XM X mm		5/1/02 904 905-1	alalal
SIGNATURE: 5/1/02 904 905-6661 Date Daytime Phone /			

PAGE 2 OF 2 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name The Blue Foundation for DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4800 Deerwood Campus Pky Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
Jacksonville, FL 32246 City & State 4. FEI Number Applied For 59-3707820 Not Applicable ^{Zip} 32246 Country U.S. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Blue Cross and Blue Shield of Florida, Inc. DO NOT WRITE (P.O. Box Number is Not Acceptable)
Deerwood Campus Parkway IN THIS SPACE Zip Code 32246 Jacksonville 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Initial or Amended UBR Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS TITLE D NAME Susan Wildes STREET ADDRESS STREET ADDRESS 4800 Deerwood Campus Pkwy DCC300-CITY - ST - ZIP CITY ST ZIP Jacksonville, FL 32246 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST. ZIP TITLE NAME Cyrus (Russ) Jollivette NALÆ STREET ADDRESS STREET ADDRESS 4800 Deerwood Campus Pkwy DCC300-DO NOT WRITE CITY-ST-ZIP Jacksonville, FL 32246 TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DHE TILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling 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.

CITY ST ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR