2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # N01000001705**



1. Entity Name
THE BLUE FOUNDATION FOR A HEALTHY FLORIDA,

Principal Place of Business 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL .32246

INC.

Mailing Address

4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246

a	VY		

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90562 027 ****61.25

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2. Principal Place of Business 3.		3. Mai	3. Mailing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.		02142005 Chg-NP CR2E037 (10/03)							
City & State		. Ci	City & State		4. FEI Number 59-370782	0	·····		oplied For ot Applicable			
Zip	Country	Zi	•	Co	untry		5. Certificate of St	atus Desired		\$8.75 Ack		
	6. Name and Address of Current	Register	ed Agent	<u> </u>	Ι	7. Name and Address of New Registered Agent						
······································			Name									
BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246			Street Address (P.O. Box Number is Not Acceptable)									
					City				FL	Zip Cod	le	
8. The above	named entity submits this statement fo	r the purp	ose of changing its	registe	red office o	r regist	ered agent, or both, in	the State of Florid	a. I am f	amiliar with,	and accept	
the obligat	ions of registered agent.				-							
								٠.				
SIGNATURE.	Signature, typed or printed name of registered agent	and site if ap	plicable. (NOT	E: Register	ed Agent signat	ure requir	ed when reinstating)		DATE	· .		
		•						e section de la company	577 X 277	The state of the s	armovers.	
	Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Car Trust Fund (\$5.00 May Be Added to Fees		Depart	payable t ment of S	tate .	
10.	OFFICERS AND DIE	RECTORS	3	11.	•		ADDITIONS/CHANG	ES TO OFFICERS	AND DIF	RECTORS IN	V 10	
TITLE	PD		XX Delete	m	LE					Change	Addition	
NAME STREET ADDRESS	BAGNI, BRUCE	340/ 40/		NA	me Reet address		, .					
CITY-ST-ZIP	4800 DEERWOOD CAMPUS PK JACKSONVILLE, FL 32246	WY 1, 1UC	-•		Y-ST-ZIP			-	•			
TITLE	SD		☐ Delete	111		├	P/D			Change	Addition	
NAME	KAMMER, RANDY		La Descio	NAI			Randy Kam	mor		-77		
STREET ADDRESS	4800 DEERWOOD CAMPUS PK	WY, DC	C100-7		REET ADDRESS		4800 Deerw		ne E)berr	100-7	
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CIT	Y-ST-ZIP	<u> </u>	Jacksonville	FL 3	2246	KWY/	100-7	
TITLE	VD		Delete	TH	_	1				☐ Change	Addition	
NAME Street adoress	MCCABE, PATRICK 4800 DEERWOOD CAMPUS PK	WV 300	1_4	NA ett	ME Reet adoress							
CITY-ST-ZIP	JACKSONVILLE, FL 32246	,	~		Y-ST-ZIP							
TITLE	D		☐ Delete	TIT	ue		D/S			Change	☐ Addition	
NAME	JENKINS, TONY		-	NA	ME		Tony Jenki					
STREET ADDRESS	4800 DEERWOOD CAMPUS PK	WY, DC	100-4		REET ADDRESS		4800 Deerw			kwy,	100-4	
CITY-ST-ZIP	JACKSONVILLE, FL 32246			_	Y-ST-ZIP	—	Jackson ville	e, FL 32	2246			
TITLE NAME	TD MCDONALD, DEANNA	•	☐ Delete	TIT NA						☐ Change	Addition	
STREET ADDRESS	4800 DEERWOOD CAMPUS PK	WY DO	100-6		me Reet address	İ				•		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	, 50		_	Y-ST-ZIP		4	•				
TITLE	M		☐ Delete	ПП	u£			<u>.</u>		☐ Change	Addition	
NAME	TOWLER, SUSAN			NA		1						
STREET AODRESS	4800 DEERWOOD CAMPUS PK	WY, DC	C300-4		REET ADDRESS	ļ						
CITY-ST-ZIP	JACKSONVILLE, FL 32246			СП	Y-ST-21P	ł					-	

12. Thereby 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 mostee 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 of the corporation of the corporation of the receiver or most or most or most of the receiver or most
SIGNATURE:

904 905 -6661

ATTACHMENT

20036/74 HN01000001705

The Blue Foundation for a Healthy Florida, Inc. Officers and Directors (Continued) 2005

	Officers and Directors		Add/Chgs To Officers and Directors
Title Name	D Cyrus Jollivette	Title Name	D □ Chg XX Add Melvyn R. Fletcher, M.D.
Street Address	4800 Deerwood Campus Parkway 100-8	Street Address	8400 N.W. 33 rd St., Suite 100
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	Miami, FL 33122
Title	D DELETE	Title	D Chg XX Add
Name	Susan Wildes	Name	V. Sheffield Kenyon
Street Address	4800 Deerwood Campus Parkway 300-4	Street Address	4800 Deerwood Campus Parkway 300-6
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	Jacksonville, FL 32246
Title	D	Title	□ Chg □ Add
Name	Michael Cascone, Jr.	Name	_
Street Address	8022 James Island Trail	Street Address	
	Jacksonville, FL 32256		
City-St-Zip		City-St-Zip	
Title	D	Title	D XX Chg Add
Name	Larry Payne	Name	Larry Payne
Street Address	4800 Deerwood Campus	Street Address	7490 West Madison Street
City-St-Zip	Parkway 100-8	City-St-Zip	Glen St. Mary, FL 32040
	Jacksonville, FL 32246		
Title	D	Title	D XX Chg \square Add
Name	Maxine A. Haynes	Name	Maxine A. Haynes
Street Address	4904 Eisenhower Blvd.,	Street Address	100 Arthur Andersen Parkway
City-St-Zip	Suite 200		Suite 303
_	Tampa, FL 33634	City-St-Zip	Sarasota, FL 34232
Title	D	Title	□ Chg □ Add
Name	Hortensia (Titi) Alfonso	Name	
Street Address	8400 N.W. 33 rd St., Suite	Street Address	
City-St-Zip	100	City-St-Zip	
	Miami, FL 33122-1931		