

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 499794

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC2292943483**

**Entity Name:** FBMC BENEFITS MANAGEMENT, INC.

**Current Principal Place of Business:**

3101 SESSIONS RD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 1878  
TALLAHASSEE, FL 32302-1878 US

**FEI Number:** 59-1657263

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NEELY, PATRICIA K  
3101 SESSIONS RD  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title P/D  
Name FAULKENBERRY, DAVID PRES  
Address 3101 SESSIONS ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title T/VP  
Name TOUGAS, DEBRA  
Address 3101 SESSIONS ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title S/VP  
Name NEELY, PATRICIA KCCO  
Address 3101 SESSIONS ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title CHAIRMAN  
Name SHERIDAN, MICHAEL H  
Address 3101 SESSIONS ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name MARKS, JOHN III  
Address 3101 SESSIONS ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name BROWN, BARBARA-ANNE  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name DIGON, MONICA  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name ROBLETO, MICHELLE  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA K. NEELY

**SECRETARY**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DENNIS, LAWRENCE  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name OSTERYOUNG, JERALD  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name MCMURRAY, AGNES  
Address 3101 SESSIONS RD  
City-State-Zip: TALLAHASSEE FL 32303