2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499794

Entity Name: FBMC BENEFITS MANAGEMENT, INC.

Current Principal Place of Business:

3101 SESSIONS RD SUITE 200

TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 1878

TALLAHASSEE, FL 32302-1878 US

FEI Number: 59-1657263 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32312 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: STEPHANIE MILNES 04/23/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title CHAIRMAN

Name FAULKENBERRY, DAVID ANDREW Name SHERIDAN, MICHAEL HUGH

Address 3101 SESSIONS ROAD Address 3101 SESSIONS ROAD

SUITE 200 SUITE 200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title DIRECTOR

Name OSTERYOUNG, JEROME STUART Name MCMURRAY, AGNES ROSE

Address 3101 SESSIONS RD Address 3101 SESSIONS RD

SUITE 200 SUITE 200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title CHIEF SALES & MARKETING OFFICER Title CHIEF REGULATORY OFFICER/

Name FARRIS. RICHARD ESKER JAY SECRETARY

Name FLEMMING, PATRICK DAVID
Address 3101 SESSIONS RD

SUITE 200 Address 3101 SESSIONS RD

SUITE 200 Address STOT SEGGIONS

City-State-Zip: TALLAHASSEE FL 32303

City-State-Zip: TALLAHASSEE FL 32303

Title CHIEF FINANCIAL OFFICER

Name NEWMAN, ANNE IRENE Title CHIEF OPERATING OFFICER
Name NAME IRENE Name CAMPBELL, KRISTA M.

Address 3101 SESSIONS RD Name CAMPBELL, KRISTA M.

SUITE 200 Address 3101 SESSIONS RD

TALLAHASSEE FL 32303 SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

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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: PATRICK D. FLEMMING SECRETARY 04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 23, 2019

Secretary of State

8066266109CC

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FAVORS, ANITA RENEE Name EVANS, STEVEN LAPHAM

Address 3101 SESSIONS RD Address 3101 SESSIONS RD

SUITE 200 SUITE 200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303