


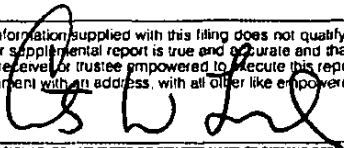
PAC 1512

04-28-2008 90688 001 8.75
04-28-2008 90688 002 ***150.00
SECRET P07000041172L
DIVISION OF CORPORATIONS

2008 FOR PROFIT CORPORATION ANNUAL REPORT

08 NOV 17 AM 9:38

66008280

DOCUMENT # P07000041172			
1. Entity Name C2C SOLUTIONS, INC.			
Principal Place of Business 532 RIVERSIDE AVENUE JACKSONVILLE, FL 32202		Mailing Address 532 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HUNGERMAN, ANDREW J IV 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when remaining)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl O. Mose 4800 Deerwood Campus Pkwy Jacksonville, Florida 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra L. Coston 532 Riverside Avenue Jacksonville, Florida 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Curtis W. Lord 532 Riverside Avenue Jacksonville, Florida 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael Davis 532 Riverside Avenue Jacksonville, Florida 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gordon Bailey 4800 Deerwood Campus Pkwy Jacksonville, Florida 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/25/08 904 791-8090	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04242008 Chg-P CR2E034 (12/06)

4. FEI Number 41-2235948 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

B 11/18/08
STATEMENT 08

Page 2 of 2



Blue Cross and Blue Shield of Florida
4800 Deerwood Campus Parkway
Building 100, 7th Floor
Jacksonville, Florida 32246

Andrew J. Hungerman IV, Esq.
Assistant General Counsel
Legal Affairs Department

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Fax: 904-301-1575
drew.hungerman@bcbsfl.com

November 17, 2008

VIA FACSIMILE TO (850) 245-6017

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement of C2C Solutions, Inc. (FEIN 41-2235948)

To whom it may concern:

C2C Solutions, Inc. (Document No. P07000041172) was administratively dissolved for failing to include the FEI Number on its April 2008 annual report. (The FEI Number for C2C Solutions, Inc. is 41-2235948.) As you are aware, the annual report was filed with a total fee of \$158.75 to cover the cost of filing and the certificate of status, which was accepted by the Division. As a result, on behalf of C2C Solutions, Inc., I am requesting that the Division of Corporations reinstate C2C Solutions, Inc. and waive any reinstatement or late fee. To date, as the registered agent of C2C Solutions, Inc., I did not receive a notice of dissolution or any other noncompliance regarding the annual report. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Hungerman IV".

Andrew J. Hungerman IV