Entity Name: FLORIDA BANKERS HEALTH CONSORTIUM, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

300 PRIMERA BLVD., SUITE 140 LAKE MARY, FL 32746

DOCUMENT# N16000012246

Current Mailing Address:

300 PRIMERA BLVD., SUITE 140 LAKE MARY, FL 32746 US

FEI Number: 82-2427358

Name and Address of Current Registered Agent:

O'REILLY, ANGELA A 300 PRIMERA BLVD., SUITE 140 LAKE MARY, FL 32746 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	т	Title	т
Name	COLADO, RAY	Name	NELSON, GREGORY L
Address	1201 S. ORLANDO AVENUE	Address	2701 S. BAY STREET
City-State-Zip:	WINTERPARK FL 32789	City-State-Zip:	UMATILLA FL 32726
Title	CEO	Title	т
Name	O'REILLY, ANGELA A	Name	RICCO, PAMELA
Address	300 PRIMERA BLVD., SUITE 140	Address	300 PRIMERA BLVD., SUITE 140
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746
Title	т	Title	COMPTRO
Title Name	T WALKER, JENNIFER F	Title Name	COMPTRO WALKER, JULIUS
Name	WALKER, JENNIFER F	Name	WALKER, JULIUS
Name Address City-State-Zip:	WALKER, JENNIFER F 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746	Name Address	WALKER, JULIUS 300 PRIMERA BLVD., SUITE 140
Name Address City-State-Zip: Title	WALKER, JENNIFER F 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746 T	Name Address City-State-Zip:	WALKER, JULIUS 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746
Name Address City-State-Zip: Title Name	WALKER, JENNIFER F 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746 T DE VAUX, LLOYD	Name Address City-State-Zip: Title	WALKER, JULIUS 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746 TRUSTEE SANDRA CREYAUFMILLER
Name Address City-State-Zip: Title	WALKER, JENNIFER F 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746 T	Name Address City-State-Zip: Title Name	WALKER, JULIUS 300 PRIMERA BLVD., SUITE 140 LAKE MARY FL 32746 TRUSTEE

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

SIGNATURE: JULIUS J WALKER

COMPTROLLER

02/08/2021 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 08, 2021 Secretary of State 8388801106CC

Date