

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012246

Entity Name: FLORIDA BANKERS HEALTH CONSORTIUM, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 82-2427358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'REILLY, ANGELA A
300 PRIMERA BLVD., SUITE 140
LAKE MARY, FL 32746 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 T
Name COLADO, RAY
Address 1201 S. ORLANDO AVENUE
City-State-Zip: WINTERPARK FL 32789

Title T
Name DAILEY, HUGH F
Address 12454 NE 14TH AVENUE
City-State-Zip: ANTHONY FL 32617

Title T
Name NELSON, GREGORY L
Address 2701 S. BAY STREET
City-State-Zip: UMATILLA FL 32726

Title CEO
Name O'REILLY, ANGELA A
Address 300 PRIMERA BLVD., SUITE 140
City-State-Zip: LAKE MARY FL 32746

Title T
Name RICCO, PAMELA
Address 300 PRIMERA BLVD., SUITE 140
City-State-Zip: LAKE MARY FL 32746

Title T
Name WALKER, JENNIFER F
Address 300 PRIMERA BLVD., SUITE 140
City-State-Zip: LAKE MARY FL 32746

Title CFO
Name HAUPTLE, CHRISTINE S
Address 300 PRIMERA BLVD., SUITE 140
City-State-Zip: LAKE MARY FL 32746

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: CHRISTINE S HAUPTLE

CFO

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date