

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P920000015515**

1. Entity Name

Bankers Healthcare Group, Inc.

FILED

02 OCT -8 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 Main Street

Suite, Apt. #, etc.

Suite 102

City & State

Weston Fl.

Zip

33326

Country

Broward

3. Mailing Address

1840 Main Street

Suite, Apt. #, etc.

Suite 102

City & State

Weston, Fl

Zip

33326

Country

Broward

NA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0376686

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERT CRAWFORD

Street Address (P.O. Box Number is Not Acceptable)

1840 Main Street, Suite 102

City

Weston

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ALBERT CRAWFORD, CEO 10/1/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>CFO / Chairman</i>
NAME	<i>Albert Crawford</i>
STREET ADDRESS	<i>1840 Main Street, Suite 102</i>
CITY - ST - ZIP	<i>Weston, FL 33326</i>
TITLE	<i>CEO / President</i>
NAME	<i>Robert Castro</i>
STREET ADDRESS	<i>1840 Main Street, Suite 102</i>
CITY - ST - ZIP	<i>Weston, FL 33326</i>
TITLE	<i>COO / CLO</i>
NAME	<i>Eric Castro</i>
STREET ADDRESS	<i>1840 Main Street, Suite 102</i>
CITY - ST - ZIP	<i>Weston, FL 33326</i>
TITLE	<i>Treasurer</i>
NAME	<i>Louise Clark</i>
STREET ADDRESS	<i>1840 Main Street, Suite 102</i>
CITY - ST - ZIP	<i>Weston, FL 33326</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT CRAWFORD 10/1/02

CFO

Date

Daytime Phone #

CR# 0348 (12/01)