

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015515

FILED
Jul 15, 2004
Secretary of State

Entity Name: BANKERS HEALTHCARE GROUP, INC.

Current Principal Place of Business:

1840 MAIN STREET, SUITE 102
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1840 MAIN STREET, SUITE 102
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0376686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, ALBERT
1840 MAIN STREET, SUITE 102
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFOC () Delete
Name: CRAWFORD, ALBERT
Address: 1840 MAIN STREET, SUITE 102
City-St-Zip: WESTON, FL 33326 US

Title: CEOP () Delete
Name: CASTRO, ROBERT
Address: 1840 MAIN STREET, SUITE 102
City-St-Zip: WESTON, FL 33326 US

Title: CLOC () Delete
Name: CASTRO, ERIC
Address: 1840 MAIN STREET, SUITE 102
City-St-Zip: WESTON, FL 33326 US

Title: T () Delete
Name: CLARK, LOUISE
Address: 1840 MAIN STREET, SUITE 102
City-St-Zip: WESTON, FL 33326 US

Title: SVP () Delete
Name: RUTHERFORD, RICKEY
Address: 1840 MAIN STREET, STE 102
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CLOS (X) Change () Addition
Name: CASTRO, ERIC
Address: 1840 MAIN STREET, SUITE 102
City-St-Zip: WESTON, FL 33326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LOUISE A. CLARK

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07/15/2004

Electronic Signature of Signing Officer or Director

_____ Date