2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 12, 2006
Secretary of State

DOCUMENT# P92000015515

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 (X)**

Name and Address of Current Registered Agent:

CRAWFORD, ALBERT C
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: CFO ( ) Delete
Name: DURANT, EDMUND S
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: STUENZI, LOUISE A
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 Chapter 119, 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. STUENZI T 12/12/2006

Electronic Signature of Signing Officer or Director — Date