2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015515

Entity Name: BANKERS HEALTHCARE GROUP, INC.

FILED Mar 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1840 MAIN STREET, SUITE 102 4875 VOLUNTEER ROAD

WESTON, FL 33326 SUITE 100

SW RANCHES, FL 33330 US

Current Mailing Address: New Mailing Address:

4875 VOLUNTEER ROAD 1840 MAIN STREET, SUITE 102

SUITE 100 WESTON, FL 33326

SW RANCHES, FL 33330 US

FEI Number: 65-0376686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAWFORD, ALBERT C CRAWFORD, ALBERT C 1840 MAIN STREET, SUITE 102 4875 VOLUNTEER ROAD WESTON, FL 33326

SUITE 100 SW RANCHES, FL 33330 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: ALBERT CRAWFORD 03/06/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOC () Delete Title: CFOC (X) Change () Addition CRAWFORD, ALBERT C CRAWFORD, ALBERT C Name: Name: 1840 MAIN STREET, SUITE 102 4875 VOLUNTEER ROAD #100 Address: Address:

City-St-Zip: WESTON, FL 33326 US City-St-Zip: SW RANCHES, FL 33330 US

PRES Title: (X) Change () Addition Title: () Delete Name: CASTRO, ROBERT T Name: CASTRO, ROBERT T

1840 MAIN STREET, SUITE 102 4875 VOLUNTEER ROAD #100 Address: Address: WESTON, FL 33326 US SW RANCHES, FL 33330 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition CLOS () Delete CLOS CASTRO, ERIC R CASTRO, ERIC R Name: Name:

1840 MAIN STREET, SUITE 102 4875 VOLUNTEER ROAD #100 Address: Address:

City-St-Zip: WESTON, FL 33326 US City-St-Zip: SW RANCHES, FL 33330 US

() Delete Title: Title: (X) Change () Addition STUENZI, LOUISE A STUENZI, LOUISE A Name: Name: Address: 1840 MAIN STREET, SUITE 102 Address: 4875 VOLUNTEER ROAD #100

City-St-Zip: WESTON, FL 33326 US City-St-Zip: SW RANCHES, FL 33330 US

Title: CFO () Delete Title: (X) Change () Addition DURANT, EDMUND S Name: Name: DURANT, EDMUND S

1840 MAIN STREET, STE 102 Address: 4875 VOLUNTEER ROAD #100 Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: SW RANCHES, FL 33330

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: ERIC CASTRO **CLOS** 03/06/2007

Electronic Signature of Signing Officer or Director

Date