

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015515

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: BANKERS HEALTHCARE GROUP, INC.

## Current Principal Place of Business:

4875 VOLUNTEER ROAD  
SUITE 100  
SW RANCHES, FL 33330 US

## New Principal Place of Business:

## Current Mailing Address:

4875 VOLUNTEER ROAD  
SUITE 100  
SW RANCHES, FL 33330 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  
4875 VOLUNTEER ROAD  
SUITE 100  
SW RANCHES, FL 33330 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: CEOC ( ) Delete  
Name: CRAWFORD, ALBERT C  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 US

Title: PRES ( ) Delete  
Name: CASTRO, ROBERT T  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 US

Title: CLOS ( ) Delete  
Name: CASTRO, ERIC R  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 US

Title: T ( ) Delete  
Name: STUENZI, LOUISE A  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 US

Title: CFO ( ) Delete  
Name: DURANT, EDMUND S  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition  
Name: CASTRO, SOFIA C  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 US

Title: CLOS (X) Change ( ) Addition  
Name: CASTRO, BARBARA R  
Address: 4875 VOLUNTEER ROAD #100  
City-St-Zip: SW RANCHES, FL 33330 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 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 STUENZI

TREA

03/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date