FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000076860 (2) **DOCUMENT #** 1. Corporation Name

BANKERS HEALTH SERVICES, INC...



Principal Place of Business Mailing Address					111111111111111111111111111111111111111		
360 CENTRAL AVENUE ST. PETERSBURG FL 33701		360 CENTRAL AVENUE ST. PETERSBURG FL 33	360 CENTRAL AVENUE St. Petersburg Fl 33701				
Or. TETETION					3. Date Incorporated or Qualified 3. 10/06/1995	3a. Date of Last Report	
- 5:	-10	2a. Mailing Address			4. FEI Number	Applied For	
2. Principal Plac	be of Business	26. Maining Address			59-3346157	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	1		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25 9. Name and Address of Curr		130		10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Curr	ent neglatered Again	81	Name			
DEDUTO, O II				82 Street Address (P.O. Box Number is Not Acceptable)			
	IRAL AVENUE		83				
ST. PETE	RSBURG FL 33701		84	Crty		FL 85 Zip Code	
				L	the statement for the pure		
or registere familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fl h, and accept the obligations of, Se	ection 607.0505, Florida Statutes	S.		poration submits this statement for the purpo pard of directors. I hereby accept the appoir	itment as registered agent. I arn	
SIGNATURE _	Signature, typed or princed name of registered as	a		il Signal in re	and wher renstating ADDITIONS/CHANGES TO OFFIC		
12.		AND DIFECTORS	13.	_	ADDITIONS/CHANGES TO OFFIC	Change Addition	
TITLE	DC	☐ DELETE	1 1 Tille	I			
NAME	MENKE, ROBERT M		1.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL 3370		1,4 QHY	ST-ZIP		Change Addition	
TITLE	P	☐ DELETE	2 1 7/11 5				
NAME	KUSHEL, ROBERT A		2.2 NAME				
STREET ADDRESS	360 CENTRAL AVE.			T ADDRESS			
CITY - ST - ZIP	ST, PETERSBURG FL 3370		2 4 CITY-		D /m	Change Addition	
TITLE	(L)	☐ DELETE	3 1 7174.8	1	D/T HUSSEMANN, EDWIN C.		
NAME	HUSSEMANN, EDWIN C		3.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	360 CENTRAL AVE.			ET ADDRESS	360 Central Ave.	1701	
CITY-ST-ZIP	ST. PETERSBURG FL 3370	DELETE	3 4 Cilly - 4 1 1:Tub		St. Petersburg, FL 33	☐ Change ☐ Addition	
TITLE V	SD			1			
NAME	DELANO, G K		4.2 NAM6				
STREET ADDRESS	360 CENTRAL AVE.	A4	•	EL ADORESS			
CITY - ST - ZIP	ST. PETERSBURG FL 3370	DELETE	5 1 TITL		00000179	Addition	
TITLE	D DANAD K		5 2 NAM		-04/29/96010	32011	
NAME	MEEHAN, DAVID K		1	ET ADUPESS	***7800.00	JL UII	
STREET ADDRESS	360 CENTRAL AVE.	Λ4		Į.	ጥጥጥ ፤ ህህህ • ህ ህ		
CITY - ST - ZIP	ST. PETERSBURG FL 337	UI DELETE	5 4 CHY 6 1 HHz			Change Addition	
TITLE		beect	6.2 NAM)4.27	
NAME				ET ADDRESS		74.20	
STREET ADDRESS			C 4 CITY	CT 21D		·	
CITY-ST-ZIP		harmenth the filips is valuntasible for	mished and d	es not au	lify for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in section 119.07(a), Florida Statutes, individually certify that the information indicated on this angular report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G. Kristin Delano, Secretary

February 29, 1996 (813) 823-4000 ext. 4416