

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000018067

Entity Name: BANKERS HEALTHCARE GROUP, LLC

Current Principal Place of Business:

10234 W. STATE ROAD 84
DAVIE, FL 33324

Current Mailing Address:

10234 W. STATE ROAD 84
DAVIE, FL 33324 US

FEI Number: 65-0376686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, ALBERT
10234 W. STATE ROAD 84
DAVIE, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CRAWFORD, ALBERT	Name	CASTRO, BARBARA
Address	10234 W. STATE ROAD 84	Address	10234 W. STATE ROAD 84
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	DAVIE FL 33324

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT CRAWFORD

MGR

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date