

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P11379** (5)  
1. Corporation Name  
**ASSOCIATED HEALTH PLANS, INC. OF LOUISIANA**



Principal Place of Business: **3616 S. I-10 SERVICE RD. METAIRIE LA 70001**  
Mailing Address: **P.O. BOX 8570 METAIRIE LA 70011-8570**

3. Date Incorporated or Qualified: **09/10/1986**  
3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **72-0841534**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**A DOWNING GRAY  
1 RIDGE LAKE ROAD  
318 S FLORIDA BLANCA  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAUFF, PAMELA A.	
STREET ADDRESS	3308 PALMISANO BLVD.	
CITY - ST - ZIP	CHALMETTE LA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VARISCO, VINCENT J	
STREET ADDRESS	9408 FRANCINE DR.	
CITY - ST - ZIP	RIVER RIDGE LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack W. Walker	
1.3 STREET ADDRESS	428 Shadyloke Parkway	
1.4 CITY - ST - ZIP	Baton Rouge, LA. 70810	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas H. Sawyer	
2.3 STREET ADDRESS	#5 Stone Throw	
2.4 CITY - ST - ZIP	Baton Rouge, LA 70809	
3.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chris W. Barnette	
3.3 STREET ADDRESS	1512 Pointer Court	
3.4 CITY - ST - ZIP	Baton Rouge, LA 70809	
4.1 TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roy G. Kadair, M.D	
4.3 STREET ADDRESS	7436 Richards Drive	
4.4 CITY - ST - ZIP	Baton Rouge, LA. 70809	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

400001817544  
-05/13/96-01011-030  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 or 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: *Jack W. Walker* Jack W. Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 504-237-1842  
SF 5-1-96

CR2E034 (12/95)