

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/10/1986	05/01/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	72-0841534	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
A DOWNING GRAY 1 RIDGE LAKE ROAD 318 S FLORIDA BLANCA PENSACOLA FL 32501				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALKER, JACK W	11 TITLE	PD Browning, Francis L.
STREET ADDRESS	428 SHADYLAKE PKWY BATON ROUGE LA 70810	12 NAME	2929 Gilbert Drive
CITY-ST-ZIP	BATON ROUGE LA 70810	13 STREET ADDRESS	Baton Rouge LA 70809
	<input checked="" type="checkbox"/> DELETE	14 CITY-ST-ZIP	Baton Rouge LA 70809
TITLE	VD VARISCO, VINCENT J	21 TITLE	VD
STREET ADDRESS	9408 FRANCINE DR. RIVER RIDGE LA	22 NAME	Bryan, John R.
CITY-ST-ZIP	RIVER RIDGE LA	23 STREET ADDRESS	103 Vine Court
	<input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP	Mandeville LA 70431
TITLE	D SAWYER, THOMAS H	31 TITLE	CD
STREET ADDRESS	5 STONES THROW BATON ROUGE LA 70809	32 NAME	Sawyer, Thomas H.
CITY-ST-ZIP	BATON ROUGE LA 70809	33 STREET ADDRESS	5 Stones Throw
	<input checked="" type="checkbox"/> DELETE	34 CITY-ST-ZIP	Baton Rouge LA 70809
TITLE	SD BARNETTE, CHRIS W	41 TITLE	SD
STREET ADDRESS	1512 POINTER CT BATON ROUGE LA 70809	42 NAME	Barnette, Chris W
CITY-ST-ZIP	BATON ROUGE LA 70809	43 STREET ADDRESS	1512 Pointer Ct.
	<input checked="" type="checkbox"/> DELETE	44 CITY-ST-ZIP	Baton Rouge LA 70809
TITLE	D KADAIR, ROY G	51 TITLE	D
STREET ADDRESS	7436 RICHARDS DR BATON ROUGE LA 70809	52 NAME	Kadair, Roy G
CITY-ST-ZIP	BATON ROUGE LA 70809	53 STREET ADDRESS	7436 Richards Dr.
	<input checked="" type="checkbox"/> DELETE	54 CITY-ST-ZIP	Baton Rouge LA 70809
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E034 (9/96)