

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

**FILED**

**May 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 0570 - METAIRIE LA 70044-0570**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

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26 Mailing Address: **Gulf South Health Plans - c/o David Melancon**

27 Suite, Apt #, etc: **PO Box 14449**

28 City & State: **Baton Rouge LA**

29 Zip Country: **70898-4449** 30

3. Date Incorporated or Qualified: **09/10/1986**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWNING, FRANCIS L	1.2 NAME	Browning, Francis L.
STREET ADDRESS	2929 GILBERT DR	1.3 STREET ADDRESS	2929 Gilbert Drive
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	Baton Rouge LA 70809
TITLE	VD	2.1 TITLE	VD
NAME	BRYAN, JOHN R	2.2 NAME	Bryan, John
STREET ADDRESS	103 VINE COURT	2.3 STREET ADDRESS	103 Vine Court
CITY-ST-ZIP	MANDEVILLE LA	2.4 CITY-ST-ZIP	Mandeville LA 70434
TITLE	CD	3.1 TITLE	D
NAME	SAWYER, THOMAS H	3.2 NAME	Gray, Scott
STREET ADDRESS	5 STONES THROW	3.3 STREET ADDRESS	1985 University Drive
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	Baton Rouge, LA 70448
TITLE	SD	4.1 TITLE	D
NAME	BARNETTE, CHRIS W	4.2 NAME	Melancon, David
STREET ADDRESS	1512 POINTER CT	4.3 STREET ADDRESS	9234 Smoke Rock Drive
CITY-ST-ZIP	BATON ROUGE LA 70809	4.4 CITY-ST-ZIP	Baton Rouge, LA 70816
TITLE	D	5.1 TITLE	
NAME	KADAI, ROY G	5.2 NAME	
STREET ADDRESS	7436 RICHARDS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70809	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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: *David P. Melancon* 4/30/98 (SOL) 237-1700

CR2E034 (10/97)