

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**  
 08-09-1999 90009 006 \*\*\*550.00

SECRET

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P11379**

1. Corporation Name

**GULF SOUTH ADMINISTRATORS, INC.**

002953 - 90009 - 6



Principal Place of Business

3616 S. I-10 SERVICE RD.  
 METAIRIE LA 70001

Mailing Address

GULF SOUTH HEALTH PLANS - ~~DAVID MELANCON~~  
 P O BOX 14449  
 BATON ROUGE LA 70898-4449  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 5757 Corporate Blvd.

27 Suite, Apt. #, etc.

27 Suite 201

28 City & State

28 Baton Rouge, LA

29 Zip

29 70808

30 Country

30 USA

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 the current year Intangible Personal Property.  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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME BROWNING, FRANCIS L  
 STREET ADDRESS 2929 GILBERT DR  
 CITY-ST-ZIP BATON ROUGE LA 70809

TITLE VD  DELETE  
 NAME BRYAN, JOHN R  
 STREET ADDRESS 103 VINE COURT  
 CITY-ST-ZIP MANDEVILLE LA 70434

TITLE D  DELETE  
 NAME GRAY, SCOTT  
 STREET ADDRESS 1983 UNIVERSITY DR  
 CITY-ST-ZIP BATON ROUGE LA 70448

TITLE D  DELETE  
 NAME MELANCON, DAVID  
 STREET ADDRESS 9234 SMOKE ROCK DR  
 CITY-ST-ZIP BATON ROUGE LA 70816

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C  Change  Addition  
 1.2 NAME Kadair, Roy MD  
 1.3 STREET ADDRESS 7436 Richards Drive  
 1.4 CITY-ST-ZIP Baton Rouge, LA

2.1 TITLE VC  Change  Addition  
 2.2 NAME Jeffries, Edward MD  
 2.3 STREET ADDRESS 2677 East Lakeshore Drive  
 2.4 CITY-ST-ZIP Baton Rouge, LA 70808

3.1 TITLE S  Change  Addition  
 3.2 NAME Wagner, Jack  
 3.3 STREET ADDRESS 19521 No. Trant Jones Dr.  
 3.4 CITY-ST-ZIP Baton Rouge, LA 70810

4.1 TITLE Asst. S  Change  Addition  
 4.2 NAME Landry, Brandi  
 4.3 STREET ADDRESS 42237 George Duplessis Rd.  
 4.4 CITY-ST-ZIP Gonzales, LA 70737

5.1 TITLE D  Change  Addition  
 5.2 NAME Donaldson, F. Richard  
 5.3 STREET ADDRESS 1267 Ingleside Drive  
 5.4 CITY-ST-ZIP Baton Rouge, LA 70806

6.1 TITLE D  Change  Addition  
 6.2 NAME Lewis, Gene  
 6.3 STREET ADDRESS 15877 Antietam Avenue  
 6.4 CITY-ST-ZIP Baton Rouge, LA

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:

*Francis L. Browning* 7/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P11379

602933-90009-6

**PROFIT CORPORATION ANNUAL REPORT**                      **1999**  
Gulf South Administrators, Inc.

13. Additions/Changes to Officers and Directors

D	
Voss, Harold MD	Addition
4710 Bluebell Drive	
Baton Rouge, LA 70808	