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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	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 09/10/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 72-0841534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD WALKER, JACK W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	428 SHADYLAKE PKWY	
CITY-ST-ZIP	BATON ROUGE LA 70810	
TITLE	VD VARISCO, VINCENT J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	9408 FRANCINE DR.	
CITY-ST-ZIP	RIVER RIDGE LA	
TITLE	D SAWYER, THOMAS H	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5 STONES THROW	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	SD BARNETTE, CHRIS W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1512 POINTER CT	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	D KADAIR, ROY G	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	7436 RICHARDS DR	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Browning, Francis L.	
13 STREET ADDRESS	2424 Gilbert Drive	
14 CITY-ST-ZIP	Baton Rouge LA 70809	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Bryan, John R.	
23 STREET ADDRESS	103 Vine Court	
24 CITY-ST-ZIP	Mandeville LA 70431	
31 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Sawyer, Thomas H.	
33 STREET ADDRESS	5 Stones Throw	
34 CITY-ST-ZIP	Baton Rouge LA 70809	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Barnette, Chris W	
43 STREET ADDRESS	1512 Pointer Ct.	
44 CITY-ST-ZIP	Baton Rouge LA 70809	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kadair, Roy G	
53 STREET ADDRESS	7436 Richards Dr.	
54 CITY-ST-ZIP	Baton Rouge LA 70809	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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: _____ DATE: _____

CR2E034 (9/96)