

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



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P11379

1. Corporation Name
GULF SOUTH ADMINISTRATORS, INC.

002933 - 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
 Sue Knight**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 **5757 Corporate Blvd.**
27 Suite, Apt. #, etc.
28 **Suite 201**
29 City & State
30 **Baton Rouge, LA**
31 Zip Country
32 **70808** **33** **USA**

3. Date Incorporated or Qualified
09/10/1986

4. FEI Number
72-0841534

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

10. Name and Address of New Registered Agent

**A DOWNING GRAY
 1 RIDGE LAKE ROAD
 318 S FLORIDA BLANCA
 PENSACOLA FL 32501**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWNING, FRANCIS L	
STREET ADDRESS	2929 GILBERT DR	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, JOHN R	
STREET ADDRESS	103 VINE COURT	
CITY-ST-ZIP	MANDEVILLE LA 70434	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, SCOTT	
STREET ADDRESS	1983 UNIVERSITY DR	
CITY-ST-ZIP	BATON ROUGE LA 70448	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELANCON, DAVID	
STREET ADDRESS	9234 SMOKE ROCK DR	
CITY-ST-ZIP	BATON ROUGE LA 70816	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

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	