FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004542 (7)

1. Corporation Name

GULF HEALTH PLANS, PPO, INC.

Principal Place of Business	Mailing Address
2700 GRANT ST. MOBILE AL 36606	2700 GRANT ST. MOBILE AL 36606

2. Principal Place of Business	2a. Mailing Address
21 3 Mobile Infirmary Cir	26 P.O. Box 2226
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Mobile, AL	City & State 28 Mobile, AL
Zip 24 36607 Country 25 USA	Zip 29 36652 Country 30 USA

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 63-0888584 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 ______ DATE ______

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TANNER, DOUGLAS	
STREET ADDRESS	2700 GRANT ST.	
CITY-ST-ZIP	MOBILE AL 36606	
TITLE	STD	☐ DELETE
NAME	BRANNON, R. WAYNE	
STREET ADDRESS	2700 GRANT ST.	
CITY-ST-ZIP	MOBILE AL 36606	
TITLE	D	☐ DELETE
NAME	BRAMLETT, E. CHANDLER	
STREET ADDRESS	2700 GRANT ST.	
CITY-ST-ZIP	MOBILE AL 36606	
TITLE	D	☒ DELETE
NAME	NEIL, ERIN B	
STREET ADDRESS	2700 GRANT ST.	
CITY-ST-ZIP	MOBILE AL 36606	
TITLE	D	☐ DELETE
NAME	FERGUSON, S. CYLE	
STREET ADDRESS	2700 GRANT ST.	
CITY-ST-ZIP	MOBILE AL 36606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R. Wayne Brannon R. WAYNE BRANNON 6/17/96 (334)431-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #