

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F93000004542

1. Corporation Name

GULF HEALTH PLANS, PPO, INC.

Principal Place of Business

3 MOBILE INFIRMARY CIRCLE
MOBILE AL 36607
US

Mailing Address

PO BOX 2226
MOBILE AL 36652
US

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90012 025 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME STD
BRANNON, R. WAYNE
STREET ADDRESS 3 MOBILE INFIRMARY CIR
CITY-ST-ZIP MOBILE AL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
BRAMLETT, E. CHANDLER
STREET ADDRESS 3 MOBILE INFIRMARY CIR
CITY-ST-ZIP MOBILE AL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
FERGUSON, S. CYLE
STREET ADDRESS 3 MOBILE INFIRMARY CIR
CITY-ST-ZIP MOBILE AL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME P
GOFF, KERRY
STREET ADDRESS 3 MOBILE INFIRMARY CIR
CITY-ST-ZIP MOBILE AL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

R. Wayne Brannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99 (334) 435-3033
Date Daytime Phone #

CR2E034 (1/98)