2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

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Entity Name: GULF HEALTH PLANS, PPO, INC.

Current Principal Place of Business:

5 MOBILE INFIRMARY CIRCLE
MOBILE, AL 36607 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2226
MOBILE, AL 36652 US

New Mailing Address:

FEI Number: 63-0888584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S
Name: HARRISON, DANNY
Address: 5 MOBILE INFIRMARY CIRCLE
City-St-Zip: MOBILE, AL 36607

Title: D
Name: BRAMLETT, E. CHANDLER
Address: 5 MOBILE INFIRMARY CIR
City-St-Zip: MOBILE, AL 36607

Title: T
Name: NIX, MARK D
Address: 5 MOBILE INFIRMARY CIRCLE
City-St-Zip: MOBILE, AL 36607

Title: P
Name: BRAMLETT, E. CHANDLER
Address: 5 MOBILE INFIRMARY CIR
City-St-Zip: MOBILE, AL 36607

Title: CAT
Name: MITCHELL, JAMES M
Address: 5 MOBILE INFIRMARY CIRCLE
City-St-Zip: MOBILE, AL 36607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M MITCHELL CAT 04/28/2010

Electronic Signature of Signing Officer or Director Date