

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90299 035 ***150.00

REAR ROOM
AT

DOCUMENT # F93000004542

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **63-0888584**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME **Secretary Tom Crout**
STREET ADDRESS **3 Mobile Infirmary Circle**
CITY-ST-ZIP **Mobile, AL 36607**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME **Treasurer D. Mark Nix**
STREET ADDRESS **3 Mobile Infirmary Circle**
CITY-ST-ZIP **Mobile, AL 36607**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CAT MITCHELL, JAMES M**
STREET ADDRESS **3 MOBILE INFIRMARY CIRCLE**
CITY-ST-ZIP **MOBILE AL 36607**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/28/03** Daytime Phone # **(251) 435-3030**

CR2E034 (10/02)