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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89555

1. Entity Name

GULF COAST HEALTH PLANS, INC.

Principal Place of Business 1717 NORTH E STREET

Mailing Address

1717 NORTH E STREET

Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90052 035 ***150.00

SUITE 320 PENSACOLA FL 32505-6045			SUITE 320 PENSACOLA FL 32505-6045			86161 8 181	மையாகா		P a ll ala ll alall al	}ı #1811 (8 8 1		
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WR	ITE IN THE	S SPACE				
City & State		City & State		4.	FEI Number	NOT APPL	ICABLE	· ——	pplied For ot Applicable	7		
Zip		Country	Zip Country		try	5.	Certificate of	Status Desired		\$8.75 Ad	ditional	1
6. Name and Address of Current Registered Agent				7.	7. Name and Address of New Registered Agent					1		
and the second s				Name							1	
GOWING, ROBERT E.				Street Address (P.O. Box Number is Not Acceptable)						┨		
1717	NORTH "E	* STREET			Street Address (F.O. Box Number is Not Acceptable)							
PEN:	SACOLA FL	. 32501					_			 :]
									F	■ Zip Cod	e	1
<u> </u>					L							-
8. The above	named entity	y submits this statement for t	the purpose of changing its	registere	ed office or regi	stered a	gent, or both, i	in the State of FI	orida.			
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SIGNATURE	Signature typed	or printed name of registered agent an	d title if applicable (NOTE	- Rogistere	d Agent signature req	uired when	reinstating)		DATE			
		or printed right of registered agent care				direct stricts	Towns.com and					1
		FILE NOW!				10. Election	on Campaign Fi	nancing	\$5.0	May Be	ĺ	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust f	Fund Contribution	on.		to Fees			
11.		OFFICERS AND D		12.			DOITIONS (CH	ANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11	┨
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NAME	MCCAUGH	IAN, MARK R. M.D.		. NAM	:							1
STREET ADDRESS		" STREET, STE. #430			et address							
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NAME STREET ADDRESS				NAME	T ADDRESS							l
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	ertify that the	information supplied with th	is filing does not qualify for			Section	110 07/3/6) =	lorida Statutas	I further of	artifu that the i-	formation	ŀ

Indicated on this report or supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR