

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 AUG -3 AM 11:08

**DOCUMENT # N93000003297 (9)**

1. Corporation Name

**MANAGED ACCESS TO CHILD HEALTH, INC.**

Principal Place of Business

Mailing Address

4080 WOODCOCK DR  
 SUITE 209  
 JACKSONVILLE FL 32207  
 US

4080 WOODCOCK DR  
 SUITE 209  
 JACKSONVILLE FL 32207  
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/15/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3192240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, DAVID W  
 4080 WOODCOCK DR  
 SUITE 201  
 JACKSONVILLE FL 32207

81 Name <b>Bailey, David W.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>653 West 8th Street</b>
83
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32209</b>

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.

(a)(3)(E) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>MAULDIN, OLIN B JR</b>
STREET ADDRESS	<b>653-1 WEST 8TH STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32209</b>
TITLE	<b>D</b>
NAME	<b>ZIMMERMAN, DALE F MD</b>
STREET ADDRESS	<b>4131 UNIVERSITY BLVD S SUITE 8</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32216</b>
TITLE	<b>D</b>
NAME	<b>PELLUM, RON C</b>
STREET ADDRESS	<b>4417 BCH. BLVD., SUITE 304</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>Delete</b>
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Bailey, David W.</b>
43 STREET ADDRESS	<b>653 West 8th Street</b>
44 CITY - ST - ZIP	<b>Jacksonville, FL 32209</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>D Geiger, Allan T.</b>
53 STREET ADDRESS	<b>1301 Riverplace Blvd, Suite 1500</b>
54 CITY - ST - ZIP	<b>Jacksonville, FL 32207</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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:

*Olin B Mauldin Jr MD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

7-7-95  
 DATE

Number Pages: 8

CR2E034 (3/95)