

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000003297 (9)**

1. Corporation Name
MANAGED ACCESS TO CHILD HEALTH, INC.



Principal Place of Business
**4080 WOODCOCK DR
SUITE 203
JACKSONVILLE FL 32207
US**

Mailing Address
**4080 WOODCOCK DR
SUITE 203
JACKSONVILLE FL 32207
US**

3. Date Incorporated or Qualified **07/15/1993** 3a. Date of Last Report **08/04/1995**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number **59-3192240** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BAILEY, DAVID W
653 W 8TH ST
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent
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 607.050 through 607.1506, 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 607.050, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MAULDIN, OLIN B JR | |
| STREET ADDRESS | 653-1 WEST 8TH STREET JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ZIMMERMAN, DALE F MD | |
| STREET ADDRESS | 4131 UNIVERSITY BLVD S SUITE 8 JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAILEY, DAVID W | |
| STREET ADDRESS | 653 W 8TH ST JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GEIGER, ALLAN T | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an address.

SIGNATURE: *Olin B Mauldin, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Olin B. Mauldin, Jr., MD, President

1-29-96

CR2E034 (12/95)