

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90007 035 ***150.00

05248115 AV

DOCUMENT # N93000003297

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

Principal Place of Business Mailing Address
910 NORTH JEFFERSON ST 910 NORTH JEFFERSON ST
JACKSONVILLE FL 32209-6810 JACKSONVILLE FL 32209-6810
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3192240** Applied For
 Not Applicable

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

BAILEY, DAVID W
653 W 8TH ST
JACKSONVILLE FL 32209

Name **Olin B. Mauldin, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
101 W. 12th St.
 City **Jacksonville** FL Zip Code **32206**

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.

SIGNATURE *Olin B. Mauldin, MD* DATE **4-25-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	P MAULDIN, OLIN B JR
STREET ADDRESS	653-1 WEST 8TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Mauldin, Olin B. Jr.
STREET ADDRESS	101 W. 12th St.
CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Akers, James E M.D. Div
STREET ADDRESS	8130 Baymeadows Way, West, Ste 101
CITY-ST-ZIP	Jacksonville, FL 32259
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Rushton, F. Edwards, MD
STREET ADDRESS	653-1 W 8th St
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

DATE: **4-25-02** DAYTIME PHONE #: **904-358-0888**

CR2E034 (9/01)