


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-11-2005 90162050-770.00
N93000003297

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003297			
1. Entity Name MANAGED ACCESS TO CHILD HEALTH, INC.			
Principal Place of Business 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US		Mailing Address 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04052005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3192240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAULDIN, OLIN B M.D. 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810		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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDIN, OLIN B JR	NAME	
STREET ADDRESS	101 W. 12TH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITWORTH, JAY M M.D.	NAME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 100	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHTON, EDWARDS F M.D.	NAME	
STREET ADDRESS	653-1 W 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDHAGEN, JEFF M.D.	NAME	
STREET ADDRESS	515 WEST 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULK, MARTHA MA	NAME	
STREET ADDRESS	653-1 WEST 8TH ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haight, Michael, M.D.	NAME	
STREET ADDRESS	800 Prudential Dr	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	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)(l), 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 617, 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: <i>Olin B Mauldin</i>		4-8-05 904-358-0888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

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Annual Report
Managed Access To Child Health, Inc,
Document No: N93000003297

D
Cummings, Jay M.D.
807 Children's Way
Jacksonville, FL 32207

Addition

D
Waler, James A M.D.
9090 Regency Square Blvd N
Jacksonville, FL 32211

Addition

D
Lanier, Linda
421 West Church Street
Suite 222
Jacksonville, FL 32202

Addition