


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90017 019 \*\*\*\*61.25

<b>DOCUMENT # N93000003297</b>							
1. Entity Name <b>MANAGED ACCESS TO CHILD HEALTH, INC.</b>							
Principal Place of Business <b>910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US</b>			Mailing Address <b>910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US</b>				
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 <b>59-3192240</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MAULDIN, OLIN B M.D. 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
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	<b>MAULDIN, OLIN B JR</b>		NAME				
STREET ADDRESS	<b>101 W. 12TH ST.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>WHITWORTH, JAY M M.D.</b>		NAME				
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE STE 100</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RUSHTON, EDWARDS F M.D.</b>		NAME				
STREET ADDRESS	<b>653-1 W 8TH ST.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GOLDHAGEN, JEFF M.D.</b>		NAME				
STREET ADDRESS	<b>515 WEST 6TH STREET</b>		STREET ADDRESS	<b>653-1 West 8th St</b>			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>PAULK, MARTHA MA</b>		NAME				
STREET ADDRESS	<b>653-1 WEST 8TH ST.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<b>Haight, Michael MD</b>		NAME	<b>Water, James A M.O.</b>			
STREET ADDRESS	<b>800 PRUDENTIAL DR</b>		STREET ADDRESS	<b>4090 Regency Square Blvd. N.</b>			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Olin B Mauldin MD</i></u>			Date: <u>2-24-06</u> Daytime Phone #: <u>904-358-0888</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				