2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003297



FILED Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90017 019 ****61.25

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			1101/101010	3163 1161 06 116 06 11 06 1	111 4 2 311 4 2 11 1 0	O HORA (ATO)	ATRIKE DEL TREDE
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-NP	CR2E03	7 (11/05)	
City & State			City & State			4. FEI Number 59-3192			<u> </u>	oplied For of Applicable
Zip	Country				intry	5. Certificate of Status Desired Fee			8.75 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MAULDIN, OLIN B M.D. 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810					Street Address (P.O. Box Number is Not Acceptable)					
:				City		• •		FL	Zip Cod	e
	named entit		the purpose of changing its	registere	ed office or regis	istered agent, or both	, in the State of Flo		amiliar with,	and accept
SIGNATURE	Sl	or printed name of registered agent a	and sittle it amplicable (A)OT	F. Do sisters		quired when reinstating)		DATE		
· ·		or business using or redistance adents	1		·	(and wish shading)		1 7 6		g singingersing i
Filing Fee Is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.										
		•	-		· · —	\$5.00 May Be Added to Fees		lake check ida Departi		
10. at January	Due by N	lay 1, 2006	Trust Fund (Contributi	ion.		Flor	rida Departi	ment of S	late
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I nereby certify that the information supplied with this illing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-358-0888