


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

142

FILED
Mar 01, 2006 8:00 A.M.
Secretary of State

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



3092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3192240

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MAULDIN, OLIN B M.D.
910 NORTH JEFFERSON ST
JACKSONVILLE, FL 32209-6810**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	S MAULDIN, OLIN B JR 101 W. 12TH ST. JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITWORTH, JAY M M.D. 1650 PRUDENTIAL DRIVE STE 100 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300069049213 03/30/06--01037--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHTON, EDWARDS F M.D. 653-1 W 8TH ST. JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDHAGEN, JEFF M.D. 653-1 W 8TH ST JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, MARTHA MA 653-1 WEST 8TH ST JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALER, JAMES A MD 9090 REGENCY SQ BLVD N JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Olin B Mauldin MD* **3-9-06 904-358-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #