


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 037 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3192240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDIN, OLIN B JR		NAME	mauldin, olin b chip	
STREET ADDRESS	101 W. 12TH ST.		STREET ADDRESS	5635 San Jose Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITWORTH, JAY M M.D.		NAME	Gary Josephson, m. d.	
STREET ADDRESS	1650 PRUDENTIAL DRIVE STE 100		STREET ADDRESS	9090 Regency Square Blvd, N	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	<input type="checkbox"/> Delete	TITLE	R	<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	7765 Hunters Grove Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDHAGEN, JEFF M.D.		NAME	Jay Cummings, m. d	
STREET ADDRESS	653-1 W 8TH ST		STREET ADDRESS	907 Children's Way	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULK, MARTHA MA		NAME	Jerry Bridgham, MD	
STREET ADDRESS	653-1 WEST 8TH ST		STREET ADDRESS	900 Prudential Drive, Suite 208	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALER, JAMES A MD		NAME	Thomas Chiu, MD	
STREET ADDRESS	9090 REGENCY SQ BLVD N		STREET ADDRESS	653-1 West 8th St., LLC#3	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP	Jacksonville, FL 32209	
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>F. Edwards Rushton</u>			Date: <u>2-13-07</u> Daytime Phone #: <u>904360-7070</u>		

ATTACHMENT - 40017888

#N93000003297

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.
(continued)

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Gerold L. Schiebler, M.D.	
STREET ADDRESS	1701 S.W. 16th Ave., Bldg. B	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Robert Threlkel, M.D.	
STREET ADDRESS	2121 Park Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	David Wood, M.D.	
STREET ADDRESS	515 West 6th Street	
CITY-ST-ZIP	Jacksonville, FL 32206	