


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90387 036 ****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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3192240

Applied For
 Not Applicable

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	ST	<input type="checkbox"/> Delete
NAME	MAULDIN, OLIN B JR	
STREET ADDRESS	5635 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPHSON, GARY MD	
STREET ADDRESS	9090 REGENCY SQUARE BLVD. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	C	<input type="checkbox"/> Delete
NAME	RUSHTON, EDWARDS F M.D.	
STREET ADDRESS	7765 HUNTERS GROVE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, JAY MD	
STREET ADDRESS	807 CHILDREN'S WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGHAM, JERRY MD	
STREET ADDRESS	800 PRESIDENTIAL DR. STE 208	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIU, THOMAS MD	
STREET ADDRESS	6531 W. 8TH ST. LLC #3	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *F. Edward Rushton* **4-23-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40086615

Page 2
Line #11
2008 Not-For-Profit Corporation
Annual Report
Managed Access To Child Health, Inc.
Document # N93000003297

VC Addition
Robert Threlkel, M.D.
2121 Park Street
Jacksonville, FL 32204

D Addition
James Cheek, M.D.
2121 Park Street
Jacksonville, FL 32204

D Addition
Robert Harmon, M.D.
515 West 6th Street
Jacksonville, FL 32206

D Addition
Gerald Schiebler, M.D.
408 Beachside Village
Amelia Island, FL 32034

D Addition
Mary Soha, M.D.
4051 Atlantic Blvd
Jacksonville, FL 32207

D Addition
Shelly Thompson, M.D.
3160 Edgewood Ave, W., #1
Jacksonville, FL 32209

D Addition
David Wood, M.D.
580 West 8th Street
Jacksonville, FL 32209