

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003297

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MANAGED ACCESS TO CHILD HEALTH, INC.

## Current Principal Place of Business:

910 NORTH JEFFERSON ST  
JACKSONVILLE, FL 322096810 US

## New Principal Place of Business:

## Current Mailing Address:

910 NORTH JEFFERSON ST  
JACKSONVILLE, FL 322096810 US

## New Mailing Address:

910 NORTH JEFFERSON ST  
JACKSONVILLE, FL 32209 US

FEI Number: 59-3192240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAULDIN, OLIN B M.D.  
910 NORTH JEFFERSON ST  
JACKSONVILLE, FL 322096810 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MAULDIN, OLIN B JR  
Address: 5635 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: JOSEPHSON, GARY MD  
Address: 9090 REGENCY SQUARE BLVD. N.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: RUSHTON, EDWARDS F M.D.  
Address: 7765 HUNTERS GROVE RD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: CUMMINGS, JAY MD  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST ( ) Delete  
Name: BRIDGHAM, JERRY MD  
Address: 800 PRESIDENTIAL DR. STE 208  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: CHIU, THOMAS MD  
Address: 6531 W. 8TH ST. LLC #3  
City-St-Zip: JACKSONVILLE, FL 32209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: THRELKEL, ROBERT M.D.  
Address: 716 SPINNAKER'S REACH DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VC (X) Change ( ) Addition  
Name: BRIDGHAM, JERRY MD  
Address: 800 PRUDENTIAL DR, SUITE 208  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ST (X) Change ( ) Addition  
Name: JOSEPHSON, GARY M.D.  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change ( ) Addition  
Name: CHIU, THOMAS MD  
Address: 653-1 WEST 8TH ST, LLC #3  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D (X) Change ( ) Addition  
Name: HARMON, ROBERT MD  
Address: 900 UNIVERSITY BLVD NORTH, #708 MC 33  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D (X) Change ( ) Addition  
Name: SCHIEBLER, GEROLD L MD  
Address: 1701 S.W. 16TH AVENUE, BLDG B  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT THRELKEL, M.D.

C

04/14/2009

Electronic Signature of Signing Officer or Director

Date