

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003297

FILED  
Apr 26, 2010  
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 32209 US

**New Mailing Address:**

910 NORTH JEFFERSON ST  
JACKSONVILLE, FL 322096810 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  
Name: BRIDGHAM, JERRY M.D.  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VC  
Name: JOSEPHSON, GARY MD  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ST  
Name: CHEEK, JAMES M.D.  
Address: 2121 PARK STREET  
City-St-Zip: JACKSONVILLE, FL 32204 US

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

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

Title: D  
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 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 all other like empowered.

SIGNATURE: JERRY A. BRIDGHAM, M.D.

C

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date