

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90133 002 ***158.75

0026415 AV

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**OLIN B. MAULDIN M.D.
101 W 12TH ST.
JACKSONVILLE FL 32206**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAULDIN, OLIN B JR**
STREET ADDRESS **101 W. 12TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **S** ☒ Change ☐ Addition
NAME **Mauldin, Olin B., M.D.**
STREET ADDRESS **101 W. 12TH Street**
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE **S** ☒ Delete
NAME **AKERS, JAMES E M.DIV**
STREET ADDRESS **8130 BAY MEADOWS WAY W STE 101**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **P** ☐ Change ☒ Addition
NAME **Whitworth, Jay M. M.D.**
STREET ADDRESS **655 West 8th Street**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **D** ☐ Delete
NAME **RUSHTON, EDWARDS F M.D.**
STREET ADDRESS **653-1 W 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** ☐ Change ☒ Addition
NAME **Goldhagen, Jeff, M.D.**
STREET ADDRESS **515 West 6th Street**
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

[Signature] **OLIN B. MAULDIN, M.D. Secretary** **904-358-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)