

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003297

Entity Name: MANAGED ACCESS TO CHILD HEALTH, INC.**Current Principal Place of Business:**910 NORTH JEFFERSON ST
JACKSONVILLE, FL 32209-6810**Current Mailing Address:**910 NORTH JEFFERSON ST
JACKSONVILLE, FL 32209-6810 US**FEI Number:** 59-3192240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAYTOWICH, VICKI ED.D.
910 NORTH JEFFERSON ST
JACKSONVILLE, FL 32209-6810 US*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:** VICKI WAYTOWICH, ED.D.

03/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CHEEK, JAMES M.D.
Address CARITHERS PEDIATRICS
2121 PARK ST
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name SCHIEBLER, GEROLD LMD
Address OMNI AMELIA ISLAND PLANTATION
408 BEACHSIDE PLACE
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR
Name BRIDGHAM, JERRY M.D.
Address WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DR SUITE 208
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name ERHARD, MICHAEL M.D.
Address NEMOURS CHILDREN'S CLINIC
807 CHILDREN'S WAY
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name JOSEPHSON, GARY MD
Address 807 CHILDREN'S WAY
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name AUBIN, MICHAEL
Address WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DR
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WELLS, KELLI M.D.
Address 900 UNIVERSITY BLVD N
MC-33
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name HUDAK, MARK M.D.
Address UF COLLEGE OF MEDICINE-
JACKSONVILLE
653-1 WEST 8TH ST, LRC 3
City-State-Zip: JACKSONVILLE FL 32209

Continues on page 2

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: BETHANY ATKINS

CHAIR

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name KELLOGG, JULIE M.D.
Address 2627 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CHAIRMAN
Name ATKINS, BETHANY MD
Address BAPTIST PEDIATRICS
3945 SAN JOSE PARK DR
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name THOMPSON, SHELLY M.D.
Address CENTER FOR WOMEN AND
CHILDREN
515 W 6TH ST. MC-51
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name CUFFE, STEVEN MD
Address UF HEALTH
580 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209