

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

GOLDHAGEN, JEFFREY L M.D.  
UF COLLEGE OF MEDICINE - JACKSONVILLE  
841 PRUDENTIAL DR SUITE 1330  
JACKSONVILLE, FL 32207 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:** JEFFREY L. GOLDHAGEN

08/15/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VC  
Name CHIU, THOMAS M.D.  
Address 841 PRUDENTIAL DR  
SUITE 1130  
City-State-Zip: JACKSONVILLE FL 32207

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

Title D  
Name SASWATA, ROY MD  
Address 6100 KENNERLY RD  
SUITE 102  
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

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*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:** JAMES CHEEK, M.D.

CHAIRMAN

08/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SOHA, MARY M.D.  
Address 4051 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

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 WALKER , CHANTEL M.D.  
Address UF COLLEGE OF MEDICINE-JACKSONVILLE  
655 W 8TH ST  
City-State-Zip: JACKSONVILLE FL 32209

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

Title ST  
Name SOLO-JOSEPHSON, PATRICIA M.D.  
Address BEACHES FAMILY HEALTH CENTER  
1522 PENMAN ROAD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name THRELKEL, ROBERT M.D.  
Address 716 SPINNAKERS REACH DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name AGARWAL, VIBHUTI MD  
Address UF COLLEGE OF MEDICINE-  
JACKSONVILLE  
655 WEST 8TH ST  
City-State-Zip: JACKSONVILLE FL 32209