

2013 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: Yes

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

12/16/2013

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 WOOD, DAVID MD
Address 580 W 8TH ST
TOWER II, SUITE 7005, BOX T-60
City-State-Zip: JACKSONVILLE FL 32209

Title ST
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

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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

CHAIRMAN

12/16/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
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

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