

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90026 027 \*\*\*150.00

**DOCUMENT # 673295**

1. Entity Name

**PEDIATRIX MEDICAL GROUP OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1455 N PARK DRIVE  
 SUITE 300  
 FT LAUDERDALE FL 33326  
 US

1455 N PARK DRIVE  
 SUITE 300  
 FT LAUDERDALE FL 33326-3215  
 US

2. Principal Place of Business

3. Mailing Address

**1301 CONCORD TERR**

**1301 CONCORD TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SUNRISE FL**

City & State

**SUNRISE FL**

Zip

**33323**

Country

**USA**

Zip

**33323**

Country

**USA**

4. FEI Number

**59-2013191**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WARREN, CHARLENE**  
**1455 NORTH PARK DRIVE**  
**FT LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name **BRUCE A. JORDAN**  
 Street Address (P.O. Box Number is Not Acceptable) **1301 CONCORD TERR**  
 City **SUNRISE FL** Zip Code **33323**

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.

SIGNATURE

*Charlene Warren*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MEDEL, ROGER J.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3035 SORREL COURT	STREET ADDRESS	1301 CONCORD TERR
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	SUNRISE FL 33323
T	MULLEN, LARRY	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1455 NORTH PARK DRIVE	STREET ADDRESS	1301 CONCORD TERR
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	SUNRISE FL 33323
S	JORDAN, BRUCE	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1455 NORTH PARK DRIVE	STREET ADDRESS	1301 CONCORD TERR
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	SUNRISE FL 33323
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE A. JORDAN**

**3/21/00**

Date

Daytime Phone #

CR2EY14 (19/99)