

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673295

FILED
Apr 17, 2008
Secretary of State

Entity Name: PEDIATRIX MEDICAL GROUP OF FLORIDA, INC.

Current Principal Place of Business:

1301 CONCORD TERR
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1301 CONCORD TERR
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 59-2013191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WAGNER, KARL B
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: HAWKINS, THOMAS W
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: AS () Delete
Name: EVANS, JAMES P
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: STEINBERG, LEE ANN
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL WAGNER

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date