Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000489823)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (950)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE PEDIATRIX MEDICAL GROUP OF FLORIDA, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

Division	of Corporations	
SUBJECT:	Pediatrix Medical Group o	f Plorida, Inc.
	Name of Cor	poration
DOCUMENT N	UMBER: 67	3295
The enclosed Stat	tement of Change of Registered Office/	gent and fee are submitted for filing.
Please return all o	correspondence concerning this matter to	the following:
	Name of Conta	ct Person
	Firm/Com	pany .
	Addres	<u> </u>
	City/State and	Zip Code
	vinette_bernard@m	ednax.com
•	E-mail address: (to be used for futu	re annual report notification)
For further Inform	ation concerning this matter, please call	·
		at () Area Code & Daytime Telephone Number
Na	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departme	nt of State.
;	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR25045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	nange is submitted for a corporation	n organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.
		Group of Florida, Inc.
	al office address: 1301 CONCORD	FERRACE, SUNRISE FL 39323
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 06/06	/1980 Document number: 673295
	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPORATE CREATIONS NET	WORK, INC.
	11380 PROSPERITY FARMS RD	-, #221B
	PALM BEACH GARDENS FL 33	410
6. The name an (if changed):		ed agent (if changed) and /or registered office
	c/o CT Corporation System, 1200	South Pine Island Road
	Plantation, Ploride 33324	Box NOT acceptable
The street address changed will	ess of its registered office and the	street address of the business office of its registered agent,
		dopted by its board of directors or by an officer so sen notified in writing of the change.
Nas	Lebertuck	Madonna Cuddihy, Vice President
	te of an elliest er dueclor the appointment as registered ag to comply with the provisions of a to comply with the provisions of a did not amiliar with and accept to ing filed merely to reflect a chang to been notified in writing of this c	Privided or typed name that title ent and agree to act in this capacity. ill statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
₽ CT	Corporation System	2/1/2011
	nature of Registered Agent	Date
f signing on be	half of an entity: Barbara A. Burke	
	cial Assistant Sacretary	
T	yped or Printed Name	

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)