

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1995



DOCUMENT # S58355 (6)

PEDIATRIX MEDICAL GROUP, INC.

1455 NORTH PARK DR
SUITE 300
FT LAUDERDALE FL 33326
US

1455 NORTH PARK DR
SUITE 300
FT LAUDERDALE FL 33326
US

| | | |
|----|----|----|
| 2 | 2a | 30 |
| 21 | 26 | |
| 22 | 27 | |
| 23 | 26 | |
| 24 | 25 | 29 |

9 Name and Address of Current Registered Agent

ALVAREZ, CESAR L
GREENBERG TRAUIG
1221 BRICKELL AVENUE
MIAMI FL 33131

PD
MEDEL, ROGER J. MD
3035 SORREL CT
FT LAUDERDALE FL

| | | |
|----|--|------------------------------------|
| 3 | 06/10/1991 | 04/14/1994 |
| 4 | 65-0271219 | |
| 5 | | \$8.75 Additional Fee Required |
| 6 | | \$5.00 (MIN. FEE Added to Fees) |
| 8 | | X |
| 10 | Name and Address of New Registered Agent | |

Cathy Lerman
1455 Northpark Drive

Ft. lauderdale FL 33326

Cathy Lerman, Secretary 4/28/95

TREASURER X
LARRY MULLEN
1455 NORTH PARK DRIVE
FT LAUDERDALE FL 33326 X
SECRETARY
CATHY LERMAN
1455 Northpark Drive
Ft. Lauderdale FL 33326

8/25/89

SIGNATURE:

Cathy Lerman 4/28/95

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Wooten
Governor
T. R. Scott
Secretary

DOCUMENT #

WOODARD AUTO SALE & SERVICE CENTER, INC.
809 N.W. 16 Street
Belle Glade, Florida 33430-2413

600001505946
-06/06/95--01019--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|----------------------------------|--|--|--|---------------------------------------|--|
| 2. Mailing Address of Headquarters 21 809 NW 16 Street | | 2a. Mailing Address 26 | | 4. FEI Number 650274254 | | Applied For Not Application | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | | 30 | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent STEVEN WOODARD 809 NW 16 Street Belle Glade, Florida 33430 | | | | 10. Name and Address of New Registered Agent 81 Name: JOEY WOODARD 82 Mailing Address (P.O. Box Number is Not Applicable) 809 NW 16 Street 83 Belle Glade, FL 33430 84 City: Belle Glade FL 85 Zip Code: 33430 | | | |
|--|--|--|--|--|--|--|--|

11. Pursuant to the provisions of sections 607.01, 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent on the date of this filing. I, the undersigned, authorized to file this statement, consent to the appointment as registered agent. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE: *Joey Woodard* **JOEY WOODARD** **4/25/95**

| | | | |
|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ALTERNATE CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
| NAME: P/D WOODARD, JOEY STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | NAME: JOEY WOODARD STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | NAME: V/S/D DONEY, THOMAS W. III STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | 600001505946 -06/06/95--01019--012 *****25.00 *****25.00 |
| NAME: V/S/D WOODARD, STEVEN STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | NAME: STEVEN WOODARD STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | NAME: V/S/D DONEY, THOMAS W. III STREET ADDRESS: 809 NW 16 STREET CITY: BELLE GLADE, FL 33430 | X |
| NAME: | NAME: | NAME: | |
| NAME: | NAME: | NAME: | |
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| NAME: | NAME: | NAME: | |
| NAME: | NAME: | NAME: | |
| NAME: | NAME: | NAME: | |
| NAME: | NAME: | NAME: | |

14. I, the undersigned, certify that the information furnished herein is true and correct and that the corporation is in good standing and that the corporation is not in violation of any law, statute, or ordinance of the State of Florida. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE: *Joey Woodard* **JOEY WOODARD P/D** **4/25/95 (602) 992 9501**