

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S58355 (6)**

1. Corporation Name  
**PEDIATRIX MEDICAL GROUP, INC.**



Principal Place of Business 1455 NORTH PARK DR FT LAUDERDALE FL 33326 US	Mailing Address 1455 NORTH PARK DR FT LAUDERDALE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1455 North Park Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1455 North Park Drive Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/10/1991	4. FEI Number 65-0271219	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Fort Lauderdale, FL	27 City & State 28 Fort Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip 33326	25 Country USA	29 Zip 33326	30 Country USA	

9. Name and Address of Current Registered Agent WARREN, CHARLENE 1455 NORTH PARK DRIVE FORT LAUDERDALE FL 33326	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MEDEL, ROGER J, MD 3035 SORREL CT FT LAUDERDALE FL	1.1 TITLE President	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME Roger J Medel, MD	
STREET ADDRESS		1.3 STREET ADDRESS 1455 North Park Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326	
TITLE	Y	2.1 TITLE Vice president	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MULLEN, LARRY	2.2 NAME Kristen Bratberg	
STREET ADDRESS	1455 NORTH PARK DR	2.3 STREET ADDRESS 1455 North Park Drive	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326	
TITLE	S	3.1 TITLE Vice president	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	JORDAN, BRUCE	3.2 NAME Jack C. Christensen, MD	
STREET ADDRESS	1455 NORTH PARK DR	3.3 STREET ADDRESS 1455 North Park Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326	
TITLE		4.1 TITLE Vice president	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		4.2 NAME Letha Polczynski	
STREET ADDRESS		4.3 STREET ADDRESS 1455 North Park Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326	
TITLE		5.1 TITLE Vice president	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME Brian Udell	
STREET ADDRESS		5.3 STREET ADDRESS 1455 North Park Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Letha Polczynski Letha Polczynski, VP 4-898 991384-0175

CR2E094 (10/97)