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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90182 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58355

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

3. Date Incorporated or Qualified 06/10/1991	
4. FEI Number 65-0271219	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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 the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEDEL, ROGER J, MD	
STREET ADDRESS	1455 NORTH PARK DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MULLEN, LARRY	
STREET ADDRESS	1455 NORTH-PARK DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JORDAN, BRUCE	
STREET ADDRESS	1455 NORTH-PARK DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRATBERG, KRISTEN	
STREET ADDRESS	1455 NORTH PARK DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, JACK C. M.D.	
STREET ADDRESS	1455 NORTH PARK DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALCZYNSKI, LETHA	
STREET ADDRESS	1455 NORTH PARK DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M. Douglas Cunningham	
1.3 STREET ADDRESS	1455 N. Park Drive	
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33324	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CESAR L. ALVAREZ	
2.3 STREET ADDRESS	1455 N. Park Drive	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33324	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce R. Evans	
3.3 STREET ADDRESS	1455 N. Park Drive	
3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33326	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Fernandez	
4.3 STREET ADDRESS	1455 N. Park Drive	
4.4 CITY-ST-ZIP	FT. Lauderdale, FL 33324	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	E. ROE STAMPS IV	
5.3 STREET ADDRESS	1455 N. Park Drive	
5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33326	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARL D. WAGNER	
6.3 STREET ADDRESS	1455 N. PARK DRIVE	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	

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, with a different like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR

CR2E034 (11/98)