

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

FILED
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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/10/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0271219
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
	85. Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MEDEL, ROGER J, MD 1455 NORTH PARK DRIVE FT LAUDERDALE FL 33326	1.1 TITLE Director	M. Douglas Cunningham
TITLE T	MULLEN, LARRY 1455 NORTH-PARK DR FT LAUDERDALE FL 33326	2.1 TITLE Director	CESAR L. ALVAREZ
TITLE S	JORDAN, BRUCE 1455 NORTH-PARK DR FT LAUDERDALE FL	3.1 TITLE Director	Bruce R. Evans
TITLE VP	BRATBERG, KRISTEN 1455 NORTH PARK DRIVE FORT LAUDERDALE FL 33326	4.1 TITLE Director	Michael Fernandez
TITLE VP	CHRISTENSEN, JACK C. M.D. 1455 NORTH PARK DRIVE FT. LAUDERDALE FL 33326	5.1 TITLE Director	E. ROE STAMPS IV
TITLE VP	PALCZYNSKI, LETHA 1455 NORTH PARK DRIVE FT. LAUDERDALE FL 33326	6.1 TITLE VP	MARL D. WAGNER

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)