

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90026 026 ***150.00

DOCUMENT # S58355

1. Entity Name

PEDIATRIX MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

1455 NORTH PARK DR
 FT LAUDERDALE FL 33326
 US

1455 NORTH PARK DR
 FT LAUDERDALE FL 33326-3215
 US

2. Principal Place of Business

3. Mailing Address

1301 CONCORD TERR
 Suite, Apt. #, etc.

1301 CONCORD TERR
 Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-0271219

Applied For

Not Applicable

Zip

33323

Country

U.S.A.

Zip

33323

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, CHARLENE
 1455 NORTH PARK DRIVE
 FORT LAUDERDALE FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Charlene Warren

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1301 CONCORD TERR	SUNRISE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1301 CONCORD TERR	SUNRISE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1301 CONCORD TERR	SUNRISE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BRIAN T. GILLON	1301 CONCORD TERR	SUNRISE FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DOUGLAS M. CUNNINGHAM	1301 CONCORD TERR	SUNRISE FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	JOYCE PEABODY	1301 CONCORD TERR	SUNRISE FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Jordan
BRUCE J. JORDAN

3/21/00

Date

Daytime Phone #

CR2E034 (9/99)