#### **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 673295** 

Entity Name: PEDIATRIX MEDICAL GROUP OF FLORIDA, INC.

FILED
May 23, 2020
Secretary of State
9596603343CC

# **Current Principal Place of Business:**

1301 CONCORD TERRACE SUNRISE. FL 33323

# **Current Mailing Address:**

1301 CONCORD TERRACE SUNRISE, FL 33323 US

FEI Number: 59-2013191 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	ANDREANO, DOMINIC J.	Name	OLIVER, ALAN B.

Address 1301 CONCORD TERRACE Address 1301 CONCORD TERRACE

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title ASSISTANT SECRETARY Title PRESIDENT
Name OTERO, EDUARDO A. M.D. Name OLIVER, ALAN B.

Address 1301 CONCORD TERRACE Address 1301 CONCORD TERRACE

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

TitleDIRECTORTitleTREASURERNameCLEMENS, JASONNameCLEMENS, JASON

Address 1301 CONCORD TERRACE Address 1301 CONCORD TERRACE

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC J. ANDREANO

**SECRETARY** 

05/23/2020