

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111880

Entity Name: MEDNAX, INC.**Current Principal Place of Business:**1301 CONCORD TERRACE
SUNRISE, FL 33323**Current Mailing Address:**1301 CONCORD TERRACE
SUNRISE, FL 33323 US**FEI Number:** 26-3667538**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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 DIRECTOR
Name ALVAREZ, CESAR L.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title CFO
Name FARBERT, STEPHEN D
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BARKER, KAREY
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name ANDREANO, DOMINIC J.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT
Name CALABRO, JOSEPH M.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name CARLO, WALDEMAR A. M.D.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name MEDEL, ROGER J. M.D.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name GABOS, PAUL G.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

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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****03/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLDSCHMIDT, PASCAL J. M.D.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name KADRE, MANUEL
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name FERNANDEZ, MICHAEL B.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name SOSA, ENRIQUE J.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323