

2022 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	ALAN B., OLIVER,
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	M.D. JAMES D., SWIFT
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

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

Title	TREASURER
Name	, KASANDRA, ROSSI
Address	1301 CONCORD TERRACE
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: ANDREANO, DOMINIC J.**SECRETARY****03/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date