2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L02000031591

Entity Name: PEDIATRIX FLORIDA LLC

Current Principal Place of Business:

1301 CONCORD TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1301 CONCORD TERRACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-3762377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PEDIATRIX MEDICAL GR, OUP, INC.
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR ( ) Delete
Name: WAGNER, KARL B
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR ( ) Delete
Name: GILLON, BRIAN T
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HAWKINS, THOMAS W
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KARL B. WAGNER MGR 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date