

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000031591

FILED
Apr 30, 2003
Secretary of State

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:

GILLON, BRIAN T
1301 CONCORD TERRACE
SUNRISE, FL 33323

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: GILLON, BRIAN T
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

04/30/2003

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