

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000003827**

1. Corporation Name

PEDIATRIX CHARITABLE FUND, INC.

Principal Place of Business
1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326

Mailing Address
POST OFFICE BOX 559001
FORT LAUDERDALE FL 33355-9001

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90038 019 ****61.25

470256-90038-19



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/30/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0846739	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

JORDAN, BRUCE A
1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	MULLEN, LAWRENCE M	1.2 NAME	Lawrence Mullen
STREET ADDRESS	1455 NORTH PARK DRIVE	1.3 STREET ADDRESS	1455 No. Park Drive
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	FT Lauderdale FL 33326
TITLE	D	2.1 TITLE	Secretary
NAME	JORDAN, BRUCE A	2.2 NAME	Bruce Jordan
STREET ADDRESS	1455 NORTH PARK DRIVE	2.3 STREET ADDRESS	1455 No. Park Drive
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	FT Lauderdale FL 33326
TITLE	D	3.1 TITLE	Treasurer
NAME	WAGNER, KARL B	3.2 NAME	Karl Wagner
STREET ADDRESS	1455 NORTH PARK DRIVE	3.3 STREET ADDRESS	1455 No. Park Drive
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	FT Lauderdale FL 33326
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4-21-99 834-384-0175

CR2E037 (1/98)