

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003827

1. Entity Name

PEDIATRIX CHARITABLE FUND, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90043 042 ****61.25

Principal Place of Business

1455 NORTH PARK DRIVE
 FORT LAUDERDALE FL 33326

Mailing Address

POST OFFICE BOX 559001
 FORT LAUDERDALE FL 33355-9001

2. Principal Place of Business

1301 CONCORD TERR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33323

Country

USA

Zip

Country

4. FEI Number

65-0846739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME MULLEN, LAWRENCE M
 STREET ADDRESS 1455 NORTH PARK DRIVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE SD ☐ Delete
 NAME JORDAN, BRUCE A
 STREET ADDRESS 1455 NORTH PARK DRIVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE TD ☐ Delete
 NAME WAGNER, KARL B
 STREET ADDRESS 1455 NORTH PARK DRIVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
 NAME MULLEN, LAWRENCE M.
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE P/T/D ☒ Change ☐ Addition
 NAME KARL B. WAGNER
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or 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

Date

3/22/00

Daytime Phone #

CR2E037 (9/99)