

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003827**

1. Entity Name

PEDIATRIX CHARITABLE FUND, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90397 009 ****61.25

0049062

Principal Place of Business

Mailing Address

**1301 CONCORD TERRACE
SUNRISE FL 33323****POST OFFICE BOX 559001
FORT LAUDERDALE FL 33355-9001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846739

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, BRUCE A
1301 CONCORD TERRACE
SUNRISE FL 33323**

Name

Warren, Charlene

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

Charlene Warren

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, LAWRENCE M	
STREET ADDRESS	1301 CONCORD TERR	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, BRUCE A	
STREET ADDRESS	1301 CONRAD TERR	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WAGNER, KARL B	
STREET ADDRESS	1301 CONCORD TERR	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gillon, Brian T.	
STREET ADDRESS	1301 Concord Terr	
CITY-ST-ZIP	Sunrise FL 33323	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WAGNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/14/01 984-384-0175/5229**

Date

Daytime Phone #

CR2E037 (10/00)