

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111880

**Entity Name:** PEDIATRIX MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1301 CONCORD TERRACE  
SUNRISE, FL 33323

**Current Mailing Address:**

1301 CONCORD TERRACE  
SUNRISE, FL 33323 US

**FEI Number: 26-3667538**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SANSONE, GUY P.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           DIRECTOR  
Name           LINYNSKY, LAURA A.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           DIRECTOR  
Name           MCEACHIN, THOMAS A.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           DIRECTOR  
Name           RUCKER, MICHAEL A  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           DIRECTOR  
Name           STARCHER, JR., JOHN M.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           DIRECTOR  
Name           WEIS, SHIRLEY A.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           EXECUTIVE VICE PRESIDENT,  
                  GENERAL COUNSEL AND  
                  SECRETARY  
Name           MOORE, MARY ANN E.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title           EXECUTIVE VICE PRESIDENT, CHIEF  
                  ENTERPRISE RISK AND LEGAL  
                  OPERATIONS OFFICER  
Name           MOORE, MARY ANN E.  
Address        1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY ANN E. MOORE**

**SECRETARY**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CEO AND DIRECTOR  
Name SWIFT, M.D., JAMES D.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title EVP, COO  
Name PICKERT, M.D., CURTIS B.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title EVP, NATIONAL AND MARKET OPERATIONS  
Name WOOD , LEE A.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title EXECUTIVE VICE PRESIDENT &  
CHIEF FINANCIAL OFFICER  
Name RICHARDS, C. MARC  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name ORDAN, MARK S.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323