

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111880

Entity Name: MEDNAX, 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: No

**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 ALVAREZ, CESAR L.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title CFO  
Name FARBERT, STEPHEN D  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name BARKER, KAREY  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title SECRETARY  
Name ANDREANO, DOMINIC J.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name CALABRO, JOSEPH M.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name CARLO, WALDEMAR A. M.D.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name MEDEL, ROGER J. M.D.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name GABOS, PAUL G.  
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: DOMINIC J. ANDREANO

SECRETARY

03/27/2019

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOLDSCHMIDT, PASCAL J. M.D.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name KADRE, MANUEL  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name FERNANDEZ, MICHAEL B.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name SOSA, ENRIQUE J.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323