

2021 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 WEIS, SHIRLEY A.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

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

Title CFO
Name RICHARDS, C. MARC
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323

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

Title SR. VICE PRESIDENT
Name PEPIA, JOHN C.
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

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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

04/20/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name LONGSWORTH, MEREDITH
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 DIRECTOR
Name GABOS, PAUL G.
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 DIRECTOR
Name CARLO, WALDEMAR A. 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