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|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Pediatrix Medical Group of the Mid-Atlantic, P.C.</b>  | DUE DATE: <b>9/30/2014</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>06446629</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED   |       |            |        |       |
| COMMON   | 1,000  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 1301 CONCORD TERRACE<br><br>CITY/ST/ZIP: SUNRISE, FL 33323 |  |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ROBERT BALCOM<br>TITLE: PRESIDENT<br>ADDRESS: 1301 CONCORD TERRACE<br>CITY/ST/ZIP/CO: SUNRISE, FL 33323       | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: VIVIAN LOPEZ-BLANCO<br>TITLE: TREASURER<br>ADDRESS: 1301 CONCORD TERRACE<br>CITY/ST/ZIP/CO: SUNRISE, FL 33323 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: DOMINIC ANDREANO<br>TITLE: SECRETARY<br>ADDRESS: 1301 CONCORD TERRACE<br>CITY/ST/ZIP/CO: SUNRISE, FL 33323    | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ DOMINIC ANDREANO                                | DOMINIC ANDREANO,<br>SECRETARY   | 8/22/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.